DOCUMENT RESUME

ED 265 982 RC 015 533

AUTHOR	Dorman, Rebekah, Ed.; Rollo, Karen, Ed.
TITLE	Preventing Child Abuse in the Harvest: A Handbook for Migrant Educators.
INSTITUTION	New York State Education Dept., Albany. Bureau of Migrant Education.; State Univ. of New York, Ithaca. Coll. of Human Ecology at Cornell Univ.
SPONS AGENCY	Office of Elementary and Secondary Education (ED), Washington, D.C. Migrant Education Programs.
PUB DATE	85
NOTE	174p.
AVAILABLE FROM	Migrant Education Unit, Office of General Education, New York State Education Department, Albany, NY 12234.
PUB TYPE	Guides - Non-Classroom Use (055) -- Collected Works - General (020)
EDRS PRICE	MF01/PC07 Plus Postage.
DESCRIPTORS	*Child Abuse; *Child Neglect; Child Welfare; Economically Disadvantaged; Elementary Secondary Education; Family Problems; *Migrant Children; Migrants; Parent Child Relationship; Poverty; Resource Materials; *School Community Programs; School Policy; *School Responsibility; Teacher Responsibility; *Teacher Role
IDENTIFIERS	New York; Project ESCAPE

ABSTRACT

Intended for educators who work with migrant children, this handbook and resource directory will also be useful for other groups concerned with child abuse and neglect. The handbook aims to promote understanding of reasons migrant children are maltreated by parents and caretakers, to increase sensitivity to factors contributing to child abuse, to help distinguish maltreated children, to provide responses to abuse and neglect requiring collaboration between schools and other agencies, and to suggest ways to integrate school efforts with multidisciplinary community-based strategies directed at migrant families and children at risk. Attention is given to special circumstances of migrant families which leave them outside existing child protection systems and to the failure of the education system to become involved in detection and reporting of child abuse and neglect. The resource directory provides addresses and descriptions of 177 state, national, and community agencies and organizations arranged by topic area with 36 sources of audiovisuals, news services, computer bibliographic searches, and directories in the area of child welfare. An alphabetical index by organization name is included. Appendices provide examples of school abuse and neglect policies, New York state legal procedures and forms for reporting maltreatment, and a chart of indicators of maltreatment. (LFL)

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Preventing Child Abuse in the Harvest: A Handbook for Migrant Educators

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a program of the New York State Education Department,
Migrant Education Unit, Richard Bove, Chief; Herbert Gaige, Supervisor.

Funding for this publication was made possible through the Migrant Education Interstate and Intrastate Coordination Program, Section 143, Division of Migrant Education, Compensatory Education Programs, Office of Elementary and Secondary Education, U.S. Department of Education. The content of the Handbook, however, does not necessarily reflect the official position of that agency or its policies, and no endorsement should be inferred from its sponsorship.

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ESCAPE: A. U.S. Department of Education Section 143 Project in Interstate Coordination. A Program of the New York State Education Department, Migrant Education Unit, under contract with the Family Life Development Center, Department of Human Development and Family Studies, College of Human Ecology, Cornell University. ESCAPE is administered under U.S. Department of Education Contract C-000-589 and New York State Department of Education Project Number 28-84-0026.

Preventing Child Abuse in the Harvest: A Handbook for Migrant Educators

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Ithaca, New York
1985

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About ESCAPE . . .

In 1982, ESCAPE (Eastern Stream Child Abuse Prevention and Education) began as a research project with the goal of determining the incidence of child maltreatment among migrant children in the Eastern Stream region of the United States. The results from this research clearly identify migrant children as a population at high risk of being maltreated.

Based upon a count of migrant children in New York State's Central Register for Child Abuse and Maltreatment, migrant children were found to be at about six times greater risk of being abused or neglected than other children. Data from a survey of over 1200 migrant educators in the Eastern Stream also supported this finding.

During ESCAPE's second year the mission of the project expanded to include training of migrant educators, technical assistance to state education agencies on developing programs and policies, and the development and dissemination of informational materials. Research on state incidence rates also continued and studies were conducted in the states of Pennsylvania and Florida. Major accomplishments of the 1983-84 project year include the training of over 500 migrant educators from 34 states; the development of an enhancement to the Migrant Students Record Transfer System (MSRTS) which can track maltreated migrant children; laying the foundation for cooperative efforts between state education agencies and state child protective services through the Multistate Advisory Council; and finally, the production of this handbook and resource directory.

1983-84 Participating States: New York, New Jersey, Massachusetts, Vermont, Pennsylvania, Florida

In ESCAPE's third year (1984-85), the project became national in scope and is providing training to over 1000 migrant educators, primarily at state in-service meetings. ESCAPE staff are training in the states of New Jersey, Pennsylvania, Florida, Louisiana, Kansas, Illinois, and Washington, as well as at the National Migrant Education Conference in Atlanta, Georgia. A supplement to the handbook focused upon the development of prevention programs and upon cultural issues and child maltreatment is being produced and technical assistance is being provided to the states of New Jersey, Minnesota, Illinois, Florida, Washington, Louisiana and Alaska. The research effort in the Eastern Stream is continuing with a state incidence study in New Jersey, and is expanding into the Central and Western Streams with a study in the state of Texas.

1984-85 Participating States: Florida, New Jersey, Louisiana, Illinois, Washington, Texas, Pennsylvania, Alaska, Minnesota, California, Vermont, Massachusetts, New York, Idaho, Maryland, Wisconsin, Montana, Arizona.

ESCAPE Project Personnel

John Doris, Ph.D., *ESCAPE Principal Investigator*, is a professor in the Department of Human Development and Family Studies at Cornell University, and Director of the Family Life Development Center. Trained in clinical psychology and child development at Yale University, Dr. Doris has published in such areas as mental retardation, child abuse and neglect, infant development, and public policy.

Oscar W. Larson III, *ESCAPE Project Director*, has been a member of the ESCAPE staff since November of 1982. He has primary responsibility for program planning and execution, and administers project evaluation activities and the research on the incidence of child maltreatment among the migrant populations of participating states. Mr. Larson was formerly affiliated with the Department of Rural Sociology at Cornell and is pursuing a Ph.D. in that field with an emphasis on research methods and statistical applications. He has prepared a number of papers on the subject of migrant child maltreatment and has co-authored several publications on the sociology of agriculture, environmental sociology, and agrarian politics.

Thomas Hanna, *Executive Staff Assistant, Family Life Development Center*, coordinates administration and program planning for ESCAPE and other projects.

Lorrie Wolverton, *ESCAPE Project Specialist*, has been a Migrant Education Program Coordinator in Oneonta, New York for four years, preceded by seven years as a Migrant Program Curriculum Specialist. She is recognized as a leader in working with migrant educators to prevent child abuse and neglect, and has been presenting workshops in this capacity at Eastern Stream and National Migrant Education Conferences since 1979. Ms. Wolverton holds a Bachelor's Degree in Kindergarten-Primary Education and a Master's Degree in Elementary Education from State University College at Oneonta. Prior to her involvement with migrant education, she taught in the public school systems of New Jersey and New York for seven years.

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Karen Rollo, *Free-Lance Writer/Editor*, has worked on several projects for the Family Life Development Center. Her free-lance experience includes script and textbook writing for instructional video tapes, and developing marketing and promotional materials for various organizations. Formerly, she was communications coordinator with Cornell Cooperative Extension in Tompkins County where, in addition to her media responsibilities, she helped with program development and served as liaison to several community groups including the Day Care Council, Displaced Homemakers, and the Task Force for Battered Women.

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Acknowledgements

The guidance of ESCAPE's Multistate Advisory Council in the preparation of this handbook is gratefully acknowledged. Their comments and suggestions regarding both the presentation of the material and its content were invaluable to both editors and authors.

We would also like to thank the following individuals for reviewing the handbook.

Joan Ainslie, Health Consultant
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Finally, we would like to express our gratitude to the following individuals who graciously provided information to us.

Thomas Birch, National Child Abuse Coalition

Jo Blum, Early Childhood Specialist, Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect.

Donald Bross, Associate Professor in Pediatrics (Family Law), University of Colorado Health Science Center

Frank Contreras, Director, Texas Migrant Education

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Foreword

On behalf of the Migrant Unit of the New York State Education Department, I am pleased to recommend to you Preventing Child Abuse in the Harvest: A Handbook for Migrant Educators, prepared by the staff of the ESCAPE Project.

The disturbing problem of child maltreatment is of great concern to us as educators and as human beings. In 1978, the New York State Migrant Tutorial Outreach Programs Consortium began exploring how this problem affected migrant children, their families, and our teachers. It became obvious that to properly fulfill our legal responsibilities, staff education was a necessity. To carry out this responsibility, a Migrant Task Force on Child Abuse and Neglect was appointed. The task force was composed of migrant program administers, teachers, parents and parent educators. In the ensuing years, educational programs for migrant families, teachers, staff, and administrators have been held; a staff reporting policy has been instituted; and staff resources have been developed.

In 1982, the New York State Education Department was granted Section 143 funds to replicate and expand these efforts nationally through the ESCAPE Project. Now in its third year, ESCAPE has provided training, technical assistance, and research findings to migrant educators across the nation.

In 1984, the Migrant Task Force on Child Abuse and Neglect became a member of the New York State Federation on Child Abuse and Neglect thus providing a statewide network of services for migrant families. We believe these efforts have been instrumental in improving the quality of community services to migrant families and in preventing further child maltreatment.

I encourage you, as migrant educators, to take full advantage of the wealth of information provided by this publication to assist you in responding to the problem of child maltreatment. Our experience in New York State has shown that migrant educators can make a difference in the lives of these families. I believe this handbook will provide you with the information and incentive to achieve the same success.

Herbert S. Gaige, Supervisor
Migrant Education Unit

Preface

The phenomenon of child maltreatment is not equally distributed in American society even though its victims can be found in virtually every segment of the population. A disproportionate number of abused and neglected children are from poor families, those perhaps least able to contend with adversity by themselves yet most isolated from support networks. The tendency for the economically disadvantaged to have higher rates of maltreatment has been conclusively documented, although there is not consensus among experts in the field about how to interpret this finding.

It was against this backdrop of ominous but incomplete evidence on the relationship between child abuse and poverty that the ESCAPE Project began in November of 1982. The primary purpose of the project was to assemble definitive and accurate data on the maltreatment of children growing up in migrant farmworker families. This research activity, which was restricted to migrants in the Eastern Stream, consisted of an examination of official records on confirmed cases of abuse and neglect and an extensive survey of educators who had direct contact with migrant children during the previous year. Our results not only paralleled those in the literature but they established for the first time that migrant children are subjected to a pronounced risk of maltreatment.

While statistics on the excessive incidence of child abuse and neglect within the migrant community are important for putting this issue in perspective, they are not the central concern of this handbook. Data alluded to here and reported in Chapter 8 simply signify the magnitude of the problem and do not identify causes nor suggest remediation measures. This handbook, however, has been developed specifically to promote a common understanding of the reasons that migrant children are being maltreated physically, mentally, sexually, or emotionally by parents and caretakers. Its immediate objectives are to increase your sensitivity to the factors in the migrant population that contribute to child maltreatment, help you to distinguish maltreated children from others in the home and classroom, provide you with responses to abuse and neglect requiring colloboration between schools and other agencies, and familiarize you with methods for integrating your school's efforts in multidisciplinary, community-based strategies directed at migrant families and children who could be at risk of abuse and neglect.

This handbook's contents differ substantially from other materials that have been prepared on the responsibilities of school staff in relation to the maltreatment of children. The contributing authors, by design, have included many abstract concepts and principles but have represented them in terms of their practical applications. Also, the handbook has a comprehensive orientation even though it will be used primarily by educators who work directly with migrant children and parents. We have attempted to present a balanced view of why maltreatment occurs and its effects. Since the subject of child abuse and neglect invariably provokes intense and conflicting emotions, we have intentionally emphasized the positive steps that can be taken rather than concentrating on the negative consequences for both the children who experience maltreatment and the perpetrators.

Much of the initial impetus for this handbook grew out of the realization that many migrant families are not in a position to derive advantages from the existing child protection system because of their unusual lifestyle and circumstances. Legitimate allegations of maltreatment of migrant children may either be ignored or not investigated when families stay in an area for a brief period of time or live in remote locations. The provision of services is also complicated by the inaccessibility and transcience of migrant families. Caseworkers and other practitioners often lack the specialized knowledge of migrant families necessary for effective treatment and intervention. Since migrants have been largely invisible to the social service agencies and child and family advocacy organizations with a mandate to prevent the abuse and neglect of children, the welfare of migrant children and families has not been considered when programs were being designed and implemented.

This situation is exacerbated by the education system's failure to devote sufficient attention to the issue of child maltreatment. We know from our training sessions that the majority of you had not received any instruction in the detection of child abuse and neglect and were unaware of your legal obligation to refer any suspected cases to the proper authorities. Many of our workshop participants have told us that they personally know of children who have been maltreated and it is commonly acknowledged that teachers and school personnel are in an excellent position to observe the manifestations of abuse and neglect. Yet significant underreporting of maltreatment by educators persists and comparatively few schools have invoked procedures to rectify this deficiency. Although the preponderance of reports on migrant children in some states originate with educators and have high substantiation rates, considerable improvement must be made if our educational institutions are to have any appreciable effect on the rate of maltreatment among migrant families.

Schools and educators should be at the center of the movement to eradicate child maltreatment rather than on its periphery. Migrant educators have a unique opportunity to demonstrate the extent to which progress can be made in reducing the incidence of child abuse and neglect and to set a valuable precedent for the entire education system. Some state and local education agencies have already made a contribution to the cause of prevention through their participation and interest in ESCAPE. However, many more migrant children will probably sustain injury or impairment from parental conduct or indifference unless you and your fellow educators act individually and collectively to eliminate this threat to their health and well-being. That is the compelling force behind our efforts over the past two years and the ultimate objective of this handbook.

The preparation of the handbook was a collaborative process and the evolution of this work epitomizes the nature of ESCAPE–bringing people from diverse disciplines together to achieve a common purpose. It was gratifying to be a part of this experience even though my own role was confined to joint authorship of one of the chapters and occasional criticism of the manuscript.

Concluding on this personal note, I am indebted to the many people who made the handbook possible and to those whose work is reflected in its contents. This includes, but is not restricted to, individuals in the federal migrant office who approved the idea and provided the funding, our New York State program administrators, members of the advisory council and others who reviewed the material, authors, and the production staff. Finally, I am particularly grateful to my colleagues on the project, Rebekah Dorman and Lorrie Wolverton, for their vital substantive contributions to the handbook and their commitment to its quality.

Oscar W. Larson III
Project Director
June, 1985

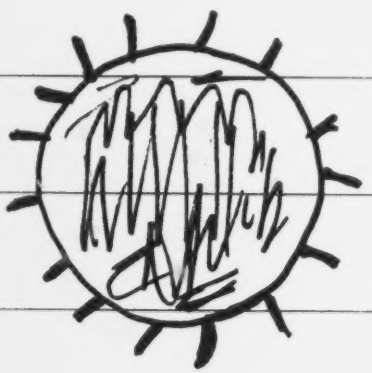
Editor's Note

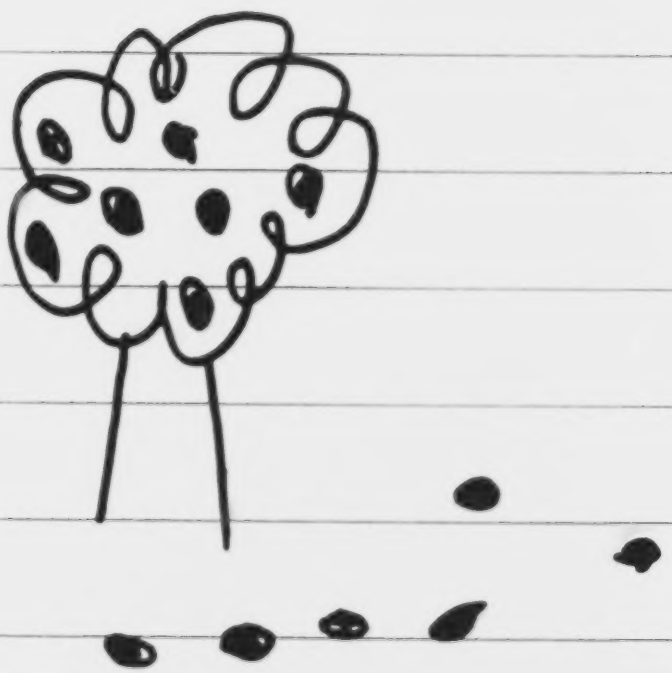
A few words about the language in this book.

The term child maltreatment is used frequently throughout this handbook and is equivalent to the more commonly used phrase "child abuse and neglect." It is used often because it conveniently includes the terms "abuse" and "neglect" in a single word. Therefore, the use of "maltreatment" or "abuse and neglect" in a sentence is a matter of style and not content.

Chapter 1

The Role of the Migrant Educator





Chapter 1 - Highlights

The role of the migrant educator is a multifaceted one. In addition to educating children, you may find yourself in one or more of these roles in your work with migrant families:

- advocate for migrant children and families
- detector of child abuse and/or neglect
- mandated reporter of child abuse and neglect
- supporter of children and families
- liaison between migrant families and the community
- builder of community awareness–to the issues surrounding the migrant lifestyle, and to the problem of child maltreatment

To adequately carry out these various roles, you will need to develop the following:

- heightened awareness of the problem of child abuse and neglect
- knowledge of the indicators of maltreatment
- effective listening skills
- knowledge of the child's environment
- sensitivity to the causes and effects of child maltreatment

CHAPTER 1

The Role of The Migrant Educator

by Lorrie Wolverton

The migrant educator, whether administrator, teacher, or aide, can play a unique role in the identification, treatment, and prevention of child abuse and neglect in the migrant population. Educators are believed to be one of the most important influences on a child's life, second only to the family. Children on the move have an even greater need for a strong support system that is aware of the complexities of their lives and the stresses placed on their families.

The life of the migrant family is complicated, partly because of its mobility. All migrant laborers periodically move to do, or to find, agricultural work and some travel two or three times each year. The family is often separated on these occasions, particularly when long distances are involved. When the family does travel together, they encounter employers with differing attitudes and expectations, school systems whose response to the special needs of the migrant child varies greatly, and communities whose receptivity to migrants ranges from hospitable to hostile.

The migrant education system has long provided the programs and resources that help migrant families gain a sense of achievement and control over their lives. As one examines the problem of child maltreatment in the migrant population, it is clear that the role of the migrant educator in seeking solutions needs to be in keeping with tradition–an active and multifaceted one.

Advocating for the Child

The general role of migrant educators in responding to maltreatment is to advocate for the child, working through state and local education agencies to protect the migrant child's welfare and reduce the risk that migrant children will be abused or neglected. Though migrant programs vary greatly from state to state, each offers a viable framework for aiding troubled migrant children and their families. With a thorough knowledge of the unique qualities and needs of the migrant family as a foundation, migrant programs can address the problem of child abuse and neglect through programs for early childhood and parenting education, school-based education, work experience, alternative education, and parent involvement. Each of these components affords the sensitive educator an opportunity to observe not only a student's academic accomplishments but the dynamics of families, and the social skills and physical condition of children. Such insights into the child and his or her family will help the educator recognize deviations from appropriate family functioning and child behavior.

Detecting Maltreatment

A mandated responsibility for the migrant educator is the detection and reporting of maltreated children in the migrant classroom. (See Chapter 2 for a detailed description of reporting procedures.) To prepare for this role, the educator should receive pre and in-service training in the identification, treatment, and prevention of child abuse and neglect. Such training should include the indicators; causes and effects of maltreatment; the teacher's role in helping victims of abuse and neglect; classroom support systems; techniques for preventing child abuse and neglect; and

resources for classroom use and further education. This training should give migrant personnel the knowledge and confidence to effectively handle existing child maltreatment situations and anticipate potential problems.

In order to identify child abuse and neglect cases, the educator must know the child from social, emotional, and academic standpoints. Migrant personnel are fortunate to have access to the Migrant Student Record Transfer System (MSRTS) which provides a record of each child's educational and health status. When a child arrives in a school, a prompt review of the record's content will give the educator a profile of educational strengths and weaknesses, health status, and any previously diagnosed problems. Here one might find the first clues of a potential or existing abuse or neglect condition. Teachers should analyze the health record looking for repeated injuries of an abusive nature, poor overall health, signs of substandard school performance, and special class placement. Particular attention should be paid to the listing of any special messages such as a sensitive data flag. Fully utilizing this source of information will give teachers added insight into their students. If indications of abuse or neglect should occur at a later time, the teacher, nurse, or other appropriate person should again consult the record to see if these new behavioral or physical indicators may be part of a pattern. When a migrant student who has been maltreated moves on, the migrant staff should use the MSRTS to its fullest, reporting unresolved health problems and continuing educational deficits.

Teachers are in an ideal position for observing, identifying, and reporting the child abuse and neglect syndrome in the school age child. Not only does the teacher see the child on a daily basis but also over an extended period of time. This provides an opportunity to observe changes in established patterns of behavior which may signal the existence of abuse or neglect. The early identification of a maltreated child is important for several reasons: primarily, prompt treatment of injuries may prevent unnecessary pain and permanent damage; secondly, further maltreatment may be prevented; and lastly, negative emotional, social, and educational effects can be alleviated.

It may seem that adding the task of being alert for the signs of abuse and neglect is overburdening the already heavily committed teacher. Migrant educators are sensitive, caring individuals already accustomed to evaluating the whole child. The reward for this vigilance is ending a child's suffering and giving him or her an opportunity to live a normal, fulfilling life.

Three recommendations will help teachers gather information about children that will be valuable to teachers not just for recognizing child maltreatment, but for all educational assessment purposes. First, *be observant.* There will be obvious indicators of abuse or neglect such as bruises, welts, burns, exceptionally dirty clothing or body. Changes in behavior such as the previously well-behaved, participating child who becomes aggressive or withdrawn may be signaling that something is wrong. An educator needs to develop that sixth sense which rings an alarm when something about a child's behavior seems out of place. At that point observations and suspicions should be shared with the appropriate person and the next step determined.

Secondly, educators need to *be attentive listeners.* A maltreated child may want to talk to his or her teacher about what is happening in his or her life, and will if a trusting relationship has been developed. More often, the child or adolescent is skeptical of the trustworthiness of all adults and confides instead in another child. Sometimes the child who has learned of the abuse will share these comments, sometimes not. Thus, a teacher must have perpetually raised

antennae to pick up and evaluate the asides, shared conversations, and play-acting.

Building Supportive Relationships

Migrant programs traditionally build a strong relationship between family and program. The public school system in most areas deals with the child during school hours and with the parent at occasional parent conferences. Migrant programs, on the other hand, provide health and nutritional assistance, legal aid, day care services, and alternative education opportunities. This all-encompassing involvement in the needs and goals of migrant families results in a supportive trust relationship. This relationship opens the door for many chances to observe the family structure, its strengths, and its problems. Therefore, the third recommendation is–*be knowledgeable of the child's environment.* For example, if you know that a parent is unemployed and money for food is scarce, you would be more likely to try to secure assistance for the family than to report them for neglect. Or, a home visit may reveal the teenage mother who, despite her best intentions, is improperly feeding her infant. A visit from the public health nurse, perhaps accompanied by a migrant staff person, with friendly, helpful advice about childrearing, may provide the information which alleviates this problem and prevents others. If it becomes necessary to report a family for abuse and neglect, the rapport that already exists will encourage them to accept help which may lead to a healthier, more loving family life.

Educating the Community

Many of the problems of migrant families result from a lack of community understanding of their lifestyle and needs. To avoid such misunderstanding, migrant administrators should educate social service workers to migrant cultural issues, working conditions, language barriers, and living conditions. Regularly, community leaders and social service agencies should be included in training programs both as participants and as instructors. Through this reciprocal relationship each group will become aware of the problems to be overcome. Additionally, when a migrant family needs services they will be accepted with greater understanding and, hopefully, given greater respect.

Building of community awareness does not stop with shared training. Migrant educators need to reach out to a variety of community organizations, religious groups and governmental bodies stressing not only the special needs of migrants but what the community gains from the presence of these unique people. Further support for child abuse and neglect programs can be gained from joining the existing child abuse and neglect task forces found in many localities. If such a task force has not been formed, take the lead and start one.

Taking action against child maltreatment can take many forms, with the migrant educator playing the roles of mandated reporter, supporter of children and families, and creator of programs. In each of these roles the educator should be sharing his or her knowledge of migrant issues with child protective services and the community to ensure an adequate response to child abuse and neglect in the migrant population.

Chapter 2

Reporting Child Abuse and Neglect: The Educator's Perspective

Chapter 2 - Highlights

The primary goals of reporting suspected cases of child abuse or neglect are:

- to protect the child
- to initiate needed services to the family

As a mandated reporter, the migrant educator should:

- be aware of his or her legal responsibilities as defined by state law
- know the correct procedures for reporting a suspected case
- encourage the development of written policies with step by step procedures for reporting if none exist
- develop interagency cooperation to ensure the continuation of needed services to migrant families
- utilize existing systems available to the migrant educator to help locate the family who has moved

CHAPTER 2

Reporting Child Abuse and Neglect: The Educator's Perspective

by Michael A. Nunno and Karen Rollo

The helplessness of the child victim and the inability of a parent to ask for help prompted state legislatures to establish reporting systems for suspected child abuse and neglect and to identify mandated reporters. A mandated reporter is one who is required by law to report suspicions of maltreatment. In most states educators, counselors, and health professionals are mandated reporters.

The primary goal of reporting suspicions of maltreatment is to ensure the safety of the child or the children reported. The reporting mechanism set down in our laws provides the child protective worker with the legal mandate to intervene in the normally private realm of the family. One of our society's chief mechanisms for protecting children cannot be engaged unless a report is made.

Another goal of the reporting mechanism is to initiate the provision of services to families. These services should provide for the safety of the child and, whenever possible, the rehabilitation of the family. Abusive or neglectful behavior of the parent, in fact, may be a call for help. So, while the first concern in reporting a case is the safety of the child, a second but equally important goal is the rehabilitation of the family.

Establishing clear guidelines and mandates for reporting suspected cases of child abuse and neglect have produced several positive results. Reporting increased 123 percent nationally between 1976 and 1982 and as much as 500 percent in some states. More important, countless children have received protection and thousands of maltreating families have been able to break the cycle of abuse because they received help. In one state, New York, the reporting law passed in 1973 actually seemed to help lower the number of fatalities caused by maltreatment.

The process of reporting a suspected case of child abuse and neglect can be an emotionally charged experience for the reporter, especially if he or she knows the family and has worked with them. Questions like *"Is this report going to make any difference?"* or *"Am I going to damage the relationship I have with the migrant community?"* are common. Personal feelings of guilt about betraying the family's trust may also occur. It is important to understand that you will have these questions and feelings in almost every case you report. Your work setting can be supportive if it provides you with an opportunity to share your feelings with others.

This chapter will help you through the charged atmosphere surrounding a report by giving you detailed information about making a complete and effective report.

Reporting Procedures for Migrant Educators

Many settings in which a migrant educator works will have established guidelines for the identification/reporting of suspected cases of child abuse and neglect. These guidelines should include but are not limited to:

- *The civil liabilities and legal penalties for failure to report your suspicions;*

All states have provisions in their child abuse statutes that outline the civil liabilities for failing to report your suspicions when you are acting in your professional capacity as a teacher, nurse, health worker, counselor or other school official. As a mandated reporter you can be sued for not reporting. On the other hand, you are protected from lawsuits if you do report in good faith. Some states even have legal penalities if you do not report. Your local policy should clearly state such penalties.

- *Definitions of physical and sexual abuse and neglect according to your state law;*

Child maltreatment definitions vary from state to state in terms of detail, scope, and age of the child. You should be completely familiar with your state's definitions and how they are interpreted.

- *Information to assist the reporter in making a decision on suspected child abuse and neglect;*

Every state does require that the report be made immediately or promptly. This means that you make the report as soon as there is a suspicion that maltreatment has occurred.

You should have access to information to assist you in making a decision on your suspicions. Chapter 3, "Recognizing Child Maltreatment," will give you some guidelines. There is no fixed rule for what constitutes sufficient evidence for reporting. If there is doubt in your mind, resolve the doubt in favor of the child and report. Remember that suspicion is all the law requires.

- *The name of the official responsible for liaison to the child protective services;*

Every school should have a liaison to the child protective services agency in the community. The liaison's duties are to educate and assist school personnel in the identification, reporting, and follow-up of child abuse cases. Rarely is this position full-time. In most settings the school nurse, the school social worker, or the principal takes on this function in addition to other duties. Find out who this individual is and ask for information.

- *The state or local reporting number and reporting procedure.*

All states have different reporting numbers and procedures. In some states, the report is made to a statewide toll-free number; in other states, the mandated reporter calls the local child protective services agency. In still other states, reporters may contact the child protective services and law enforcement officials to fulfill their legal requirements.

It is up to you to find out the appropriate agency and procedure. The National Center on Child Abuse and Neglect annually prepares a list of designated agencies to receive reports of child maltreatment for each state and territory. The list includes addresses, telephone numbers in most cases, and the procedure for reporting. See the Resource Directory for the complete listing.

Many states require a follow-up report in writing within a certain length of time. This can vary among states–anywhere from 36 hours to 5 days following an oral report. Other states may only require a written report upon request. Still other states require dual or triplicate reporting to various agencies. Again, be aware of the laws in your state. If you do have to file a written report following an oral report, the protective agency will usually require the following information:

- child's name
- current location/address
- sex
- age or date of birth
- parents' names/address/age
- siblings' names and ages
- your name/address
- nature and extent of the suspected case of child abuse and/or neglect (description of injuries)
- previous evidence of child abuse and/or neglect
- circumstances which brought the case to your attention
- action taken

- other pertinent information

Your school should have the appropriate forms for filing a written follow-up. Be sure to keep a copy of your report for your own records or those of the school. This document becomes part of the legal case record and is admissable in court.

Remember that you do not have to be able to prove your suspicion; you just have to suspect abuse or neglect to report it to child protective services. Another important point to remember is that in many states you are still mandated to report even when your supervisor or another in charge disagrees with your suspicions. In other words, your legal responsibility may not be fulfilled if the report is not made to the appropriate state agency.

Therefore, it is imperative that you become familiar with your own state law; your school policy if you are working with a school system; and, that you develop a thorough working knowledge of the child protective services agency designated to receive reports of child abuse and neglect. You should make it your responsibility to find out this information before encountering a case of maltreatment. Trying to determine the procedure for reporting a case at the time a child's life may be endangered can cause needless delays and possibly create more problems for the child.

Once a Report is Made

After you have made your report, a child protective caseworker generally will begin an investigation within twenty-four hours to establish whether the alleged maltreatment has actually taken place. If you think that the situation needs immediate attention because the child is in imminent danger, or the family is moving, or you think the child should be seen before visiting with the parents, indicate that concern when making your report. Generally speaking, physical and sexual abuse cases get top priority. In any event, caseworkers are usually very adept at being able to assess risk based on the report.

In most cases, the caseworker will contact you directly and ask you for more details before he or she goes out to visit the family. At this time, you should provide any information you think will help in the investigation. In cases of physical or sexual abuse, the caseworker will want to talk to the child before contacting the parents. Here, again, you will need to be familiar with the school policy and/or your state education policy regarding investigations conducted on school property. The interview should be conducted in as unobtrusive a manner as possible to avoid further upsetting the child. You can help this process by making sure that the caseworker and the child have comfortable private surroundings in which to talk. It is during this interview that the caseworker may make the decision for a medical exam or removal of the child from parental custody. Understand that removing children from parental custody is done only in cases where there is imminent danger or in cases of sexual abuse.

It will take anywhere from three days to three months for the child protective services unit to complete the investigation. During this period, the investigating unit will determine if the report is "indicated" or "unfounded." "Indicated" means that some credible evidence of child maltreatment does exist, and child protective services will initiate a plan to meet the needs of the child and the family. If the report is "unfounded," meaning that no evidence has been found to support the report of maltreatment, all information about the case is expunged (deleted) from the agency's records.

Every state has different procedures and policies for informing mandated reporters about the results of the investigation. If you have a need to know, contact your child protective services and ask about the procedures.

If you have continued contact with the child, report any new suspicions of abuse

or neglect through the proper reporting procedure. *Don't think that because there is an investigation underway that you do not have to report subsequent suspicions.*

In very rare situations the child protective unit may wish to initiate a court action. This is usually done when there is concern for the child's safety if he or she is returned home, or when the family refuses to cooperate with the investigation. Your firsthand account of your suspicions and report may be vital to the protection of the child. If this happens, you will be subpoenaed by the attorney for the child protective services and be asked for your observations.

The Special Roles of the Migrant Educator

As a migrant educator, you have a critical role to play with the child and the family when a migrant child is suspected of being abused or neglected. This role is essentially the same whether the report originates from you or from other school officials. You have skills, knowledge of the child, knowledge of the family, and resources that others may not have.

One of the roles you may play, especially if you know the child well, is to ensure that the emotional impact from the maltreatment incident is minimized. Many abused children feel they, and not their parents, are to blame for the situation or the injury and as a result are confused and frightened by the reporter's concern. The child may also fear retaliation by the parent because the injury or incident has been discovered. Damage to a child's emotional well-being can be reduced if she or he has the support of a person who knows him or her and understands the child's problems. Do not counsel the child if you are not a trained counselor. Be a listener. Do tell the child why you are concerned about him or her, and try to prepare the child for the investigation in words that he or she will understand. This becomes critical if removal from the home is necessary, or if a medical examination is conducted, or photographs are taken.

There will always be discussions as to whether the school should inform the parents that a report has been made. Although it is not a legal requirement, the general rule is to notify the parents, except in cases where the mandated reporter's physical safety is in danger (in this case, one option may be to tell the parents only that a report has been filed, not who made the report). You should use your discretion as to whether you tell them before or after the report has been made. Base your decision on your knowledge of the family. In which way will the family be best served and the child protected? Also, be aware that some families will flee if they know beforehand that an investigation is about to commence.

The migrant educator may be in the best position to inform the parents why a report was made. An explanation of the suspicions and of the educator's responsibilities under the law should be discussed with parents. If it is done firmly, with empathy and understanding as to how abuse and neglect occur in families, a meeting of this kind will often contribute to a positive outcome of the case.

In any of these roles, never act alone without discussing your course of action with your supervisor and colleagues. Make sure there is agreement and everyone is informed as to how you are going to proceed. If others have strong objections or concerns, always go to your supervisor for guidance.

Reporting of child abuse and neglect may end your legal obligations, but you should still continue to monitor the safety of the child and provide the family with help. You may wish to offer assistance to the local child protective services staff in evaluating the case and developing a service plan for the child and the family. This assistance could be in the form of individual contact with the caseworker or by formal case meetings with the child

protective services unit. You are in an excellent position to notice the effects of intervention and services on the child and family. You may be one of the few who can judge whether abuse or neglect is continuing or whether the family is escaping the cycle of abuse.

Whatever role you play with the school, the child, the family and the child protective services agency, remember:

1. You are legally mandated to report your suspicions.
2. You do not need to have "proof" that abuse or neglect exists.
3. You are immune from legal or civil liability if you report your suspicions in good faith.
4. Don't act alone without guidance and supervision.
5. Follow written procedures and guidelines.

The Need for Policies

One migrant educator tells of the confusion surrounding her first suspected case of physical child abuse. The four year old child was from a migrant family and was enrolled in a play group affiliated with the school. She frequently came to school with bruises around the face and the torso. The explanations of "falling down" did not seem to fit, nor did the child appear to be as accident-prone as these injuries would indicate. Not knowing exactly what to do, the migrant educator contacted the school nurse who looked at the little girl and decided that a report was warranted. The principal of the school, however, refused to report the situation because it was a migrant family and the child was not expected to be in the area for very much longer. The migrant educator then contacted her supervisor who directed her to make the report to the local child protective services. Tracking down the correct number for the local child protective services agency added to the length of time involved in making the report. The migrant educator still recalls her feelings of powerlessness, frustration, and anger at the time wasted in getting help for the child and her family.

Many mandated reporters are discovering, that while there are state laws requiring them to report known or suspected cases of child abuse or neglect, there are no clearly defined policies for doing so. As a result, a large number of cases are still going unreported. Many agencies and school systems are now developing written policies–step by step procedures–to assist the mandated reporter. Written guidelines can ease the burden of responsibility on the mandated reporter and provide an avenue for swift, thorough, and effective reporting; ensuring the safety of the child whose health or welfare is threatened by abuse or neglect. Step by step procedures eliminate confusion about what warrants a report, who should make the report, where to report, what record-keeping information is required and by whom. Clearly defined instructions which supply the names of contact persons or agencies and telephone numbers can help the inexperienced as well as the experienced reporter through a crisis situation.

While no one agency, school system, or service system can perform all the functions required in responding to the problem of child maltreatment, each can assume responsibility for specific elements of the child protection process. A written policy is a necessary step toward ensuring that all suspected cases of child abuse and neglect are reported to the proper authorities for follow-up investigation, and possible intervention and treatment.

The School System

For the school age victim of child maltreatment, the school may be the child's only means of getting help. Every school or supportive agency should adopt and issue a child abuse and neglect policy. The policy must be in compliance with

your state law; however, at a minimum, a reporting policy should include the elements of the sample policy on page 12.

An effective school policy should also inform the local community that school or related personnel are legally obligated to report suspected child abuse or neglect; provide for in-service education dealing with recognition, intervention, and prevention of child abuse and neglect; and develop community education programs. Chapter 5 will discuss program development in more detail.

The Migrant Education System

Some state Migrant Education Departments are developing a policy for migrant educators which describes in detail the procedures to be implemented by a migrant educator when making a report. This policy should include the same information as the school policy previously described. A sample of a migrant education policy is the New York Migrant Tutorial Outreach Program Policy, Appendix B. This policy directs the migrant educator affiliated with the school district to follow established school policies. (In New York State, each public school district has an official established child abuse and neglect reporting procedure.) For those migrant educators not affiliated with a school district, the policy gives step by step procedures to follow when making a report.

Interagency Cooperation

Despite the progress being made in the development of written policies, ESCAPE research in New York State indicates that many maltreated migrant children and their families go without services after a case determination has been made. How can this happen? One reason of course, is that many migrant families make their living by moving from one county to another or from state to state. Often the new location of the family is not known to the child protective services agency handling the case, and these children and their families are lost to the system.

The fact that migrant families do move so frequently warrants an interdisciplinary approach to the treatment and prevention of child abuse and neglect. The migrant educator can play an active role in developing agency and community awareness of the special circumstances surrounding the migrant family. In addition, the migrant educator should strive to cultivate close working relationships with the local school system and the child protective services agency in order to ensure that the children and their families will receive the most appropriate services which usually come from agencies outside the migrant education system.

Developing strong working relationships at the local level will help the migrant family receive the best services while they are in your area. But what happens when the family moves? In this situation, you can use the Migrant Student Record Transfer System (MSRTS) to its full advantage. The MSRTS is a computerized information network which maintains and transfers education and health data for the nation's migrant children. Its purpose is to aid the educational community in providing continuity of educational opportunities for migrant children. But you can also use the system to find out the new location of a family who has moved. By periodically querying the central terminal of MSRTS you can obtain the family's current address after the child has been enrolled in a new school district and this information has been entered into their record.

There are some negative aspects to using this method for determining a family's new location–one is that there have to be repeated queries made since the system does not presently have an automatic notification capability; another is that the MSRTS cannot be relied upon to find students who do not re-enroll, or enroll in schools that do not use the

system or do not have access to it. The advantage, of course, is that you may find a child from a family who has moved either while being investigated or while receiving assistance from child protective services. Once you have learned where the family has moved, you can pass this information along to the protective services worker responsible for the case, who will, in turn inform the state central register or appropriate state agency. If the family has moved out of state, the state agency in the sending state will then transmit the new address and other relevant information on the case to the appropriate agency in the receiving state for a follow-up investigation, and additional services will be provided if necessary.

Some states have legal agreements, called interstate compacts, between state child protective systems. These compacts allow formal exchanges of information and continuing action on cases of child maltreatment, but they are only effective when the location of the family is known. Other states may not have these agreements or the local child protective services worker may not be familiar with their provisions. Whether or not a compact has been established between your state and the receiving state and whether or not the protective services personnel with whom you have contact are aware of them, you should make a serious effort to locate the family through the MSRTS. Informing the appropriate state or local agencies of a family's movement at least enables the system to respond to the family's needs and provide additional protection to the maltreated child. The child protection system cannot function properly if a family's location remains unknown, and the children may be at even greater risk of being maltreated if the family moved to avoid protective services involvement.

Preventing child abuse and neglect among migrant families requires a commitment by the migrant educator to change those practices which inhibit the delivery of services to the family. Developing written procedures for reporting suspected cases of child abuse and neglect; alerting social services providers, educators, and the public to the special circumstances of the migrant family; encouraging expanded use of the MSRTS; and improving interagency cooperation and feedback within and among service systems can produce working relationships that ultimately improve the quality of services for migrant families and their children.

SAMPLE CHILD ABUSE AND NEGLECT REPORTING POLICY

Elements to be Included	Sample Wording
1. A brief rationale for involving school personnel in reporting.	Because of their sustained contact with school age children, school employees are in an excellent position to identify abused or neglected children and to refer them for treatment and protection.
2. The name and appropriate section numbers of the state reporting statute.	To comply with the Mandatory Reporting of Child Abuse Act (Section 350-1 through 350-5), Hawaii Revised Statutes (1968), as amended (Supp. 1975), ...
3. Who specifically is mandated to report and (if applicable) who may report.	... it is the policy of the _____ School District that any teacher or other school employee...
4. Reportable conditions as defined by state law.	... who suspects that a child's physical or mental health or welfare may be adversely affected by abuse or neglect...
5. The person or agency to receive reports.	... shall report to the department of social services... *or* ... shall report to the principal, who shall then call the department of social services... *or*
6. The information required of the reporter.	... and give the following information: name, address and age of student; name and address of parent or legal guardian; nature and extent of injuries or description of neglect; any other information that might help establish the cause of the injuries or condition. It is not the responsibility of the school employee to prove that the child has been abused or neglected, or to determine whether the child is in need of protection.
7. Expected professional conduct by school employees.	Any personal interview or physical inspection of the child should be conducted in a professional manner...
8. The exact language of the law to define "abuse" and "neglect"; if necessary, explain, clarify or expand.	"'Abuse' means the infliction, by other than accidental means, of physical harm upon the body of a child." "'Neglect' means the failure to provide necessary food, care, clothing, shelter or medical attention for a child."
9. The method by which school personnel are to report (if appropriate, list telephone number for reporting) and the time in which to report	An oral report must be made as soon as possible by telephone or otherwise and may be followed by a written report.
10. Whether or not there is immunity from civil liability and criminal penalty for those who report or participate in an investigation or judicial proceeding; or whether immunity is for "good faith" reporting.*	In New York, anyone making a report in accordance with state law or participating in a resulting judicial proceeding is presumed to be acting in good faith and, in doing so, is immune from any civil or criminal liability that might otherwise be imposed. *or* In Maryland, there is no immunity from civil suits for untrue statements made by one citizen against another.
11. Penalty for failure to report, if established.	Failure to report may result in a misdemeanor charge: by state law, punishment by a fine of up to $500, imprisonment up to one year or both.
12. Action taken by school board for failure to report.	Failure to report may result in disciplinary action against the employee.
13. Any provisions of the law regarding the confidentiality of records pertaining to reports of suspected abuse or neglect.	All records concerning reports of suspected abuse or neglect are confidential. Anyone who permits, assists or encourages the release of information from records to a person or agency not legally permitted to have access may be guilty of a misdemeanor.

*While every state provides immunity for those reporting child abuse, many do not provide immunity for reporters of child neglect. School systems in these states may be able to extend immunity to school personnel via the state public school laws. Many of these laws grant immunity to educators who act under a requirement of school law, rule or regulation. By enacting a regulation requiring school personnel to report suspected abuse and neglect, school systems can ensure full immunity to their employees who report.

Abstracted from Education Policies and Practices Regarding Child Abuse and Neglect: 1978, prepared by the Education Commission of the States.

See Appendix A, Outline of a Model Child Abuse and Neglect Policy for Schools. Provided by the Baltimore County, Maryland Public School System.

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Chapter 3

Recognizing Child Maltreatment

Chapter 3 - Highlights

Child maltreatment can be perpetrated in several ways. This chapter discusses the various forms of maltreatment and the indicators a child might exhibit if a victim of:

- physical abuse
- sexual abuse
- neglect
- emotional abuse

As a migrant educator, you are in a unique position to observe children and detect those indicators of maltreatment, keeping in mind that:

- there are both physical and behavioral indicators of child maltreatment
- there are no definitive indicators or symptoms associated with the different forms
- a child may be suffering from one or more forms of maltreatment
- each child reacts differently to an abusive situation
- parents may exhibit indicators of being an abusive parent

CHAPTER 3

Recognizing Child Maltreatment

by Karen Rollo and Rebekah Dorman

> *Through all these years we were attending the same school, with many of the same teachers...It is usually the "trouble-maker" who gets attention at school, but we were all straight "A" students and extremely well-behaved. No one seemed to recognize that there was something unhealthy about our model behavior. No one questioned how such capable children could hurt themselves so often.*[1]

The above is an autobiographical account by a woman who was abused along with her brothers throughout her childhood. One brother committed suicide at the age of eleven.

Every type of maltreatment is found among school age children. Perhaps you have already been aware of a student who was abused or neglected. ESCAPE research completed during 1983 found that over 70 percent of the migrant educators surveyed in the Eastern Stream had been aware of a case of maltreatment within the year preceding the study.

As an educator you are in a unique position to observe children on a daily basis over an extended period of time. As a trained observer of children's behavior, you are well prepared to notice the indicators of maltreatment through physical or behavioral signs.

Because you spend a great deal of time with children, more time than anyone except their parents, you are the first line of defense for abused or neglected children. The law recognizes your special position with children, and has mandated that you report any suspicion of maltreatment to the proper authorities.

But first, you need to be able to recognize the signs of maltreatment.

To do this, you need to develop an awareness of the problem of child abuse and neglect. Being aware of the problem means that you acknowledge maltreatment may be occurring to one or more of your students and that you are constantly vigilant, watching for indicators.

Next, you must have a thorough knowledge of the indicators of maltreatment. This means that you are familiar with the many different signs of abuse or neglect.

Unfortunately, there are no definitive rules for detecting child abuse or neglect. Every child reacts to maltreatment differently. The signs may be obvious–frequent unexplained bruises on the face. Or, they may be quite subtle–a very withdrawn child. You will need to be alert to the different physical and behavioral indicators exhibited by different children. Knowing the child, observing physical indicators or changes in behavior, and listening to what the child is saying are the main criteria for the early detection and prevention of child abuse or neglect.

The presence of an indicator of child abuse or neglect, however, does not necessarily mean that a child is being maltreated. But it should cause you to wonder. It may be that the physical injury was accidental. Or, it may be that other family problems are causing behavioral indicators, in which case you need to provide a different sort of help to the child. Or, it may be maltreatment. The repeated presence of an indicator, the presence of several indicators in

combination, or the appearance of serious injury, should alert the educator to the possibility of maltreatment.

The remainder of this chapter will be devoted to presenting the physical and behavioral indicators of child abuse and neglect. This list is extensive, but not exhaustive. A quick reference chart of physical and behavioral indicators is included at the end of the chapter.

Physical Abuse

> *Sara was a cheerful, bright first grader who enjoyed school. It was quite out of character for her to be inattentive and wiggly when she sat in reading group as she was this particular day. When asked if there was a problem, Sara said, "No," yet each time she sat back she seemed to wince. After the reading group was over her teacher again noticed Sara's inability to sit still in her chair. She asked Sara to let her check her back to see if there was a problem. In the middle of the child's back was the perfect imprint of an iron.*

Sara's teacher took the child to the nurse who agreed the injury was not likely accidental in nature and should be reported.

The injury was discovered because this teacher was observant and knew the children in her class very well. Sara's reluctance to admit to her pain is not unusual for an abused child. They are often protective of the abuser, usually a parent or relative, and many carry feelings of guilt.

Physical abuse refers to an act, and includes any non-accidental injury to the child as a result of beating, burning, punching, biting, pulling, or pushing. By definition, the injury to the child is not an accident. Nor, must it be the intent of the adult to inflict harm. Physical abuse may result from excessive discipline or punishment which is inappropriate for the child's age or condition.

All children, at some point, are bruised from accidental falls or other mishaps. The injuries of the abused child are much different from the commonplace skinned knee. You have reason to be suspicious if the bruises are in unlikely parts of the body such as the torso, buttocks, back, face, or thighs. These areas are rarely bruised accidentally. Be on the alert for explanations which don't ring true, or for differing versions of the "accident." If the bruises appear in clusters or unusual patterns, or reflect the shape of the article used to inflict them, such as a belt buckle or a cord, abuse is very likely to have occurred.

Burns are another indicator of physical abuse. They too, may take the shape of the implement used to inflict them–a cigarette, a rope, an iron. Some children are punished by being immersed in scalding water. This type of burn would have a sock-like appearance on the feet; glove-like on the hands, or circle-shaped on the buttocks.

Unexplained fractures to bones, sprained or swollen joints, frequent lacerations or abrasions, missing or loosened teeth, bald spots from hair pulling or yanking, are all indicators of physical abuse. These indicators, of course, could also result from accidents. The key elements to look for are the frequency of such "accidents," and an explanation which does not fit the "accident."

The behavior of the student is another possible indicator of physical abuse. Behavioral indicators may appear in combination with physical indicators, or they may appear alone. Sometimes behavior is the only indicator a child may exhibit. And, a behavioral indicator may remain after the abuse has ceased. Therefore, although it is a somewhat more difficult indicator to "read," it is important for you to be alert to a child's behavior.

A basic guideline is to be on the lookout for extremes of behavior which are outside the normal range for the child's

age group. The behavior may take the form of extreme aggressiveness, temper tantrums, destructiveness to self or to others. Or the child may be extremely withdrawn, fearful of adult or physical contact. He or she may be overly compliant and anxious to please, or may crave affection. The abused child may be apprehensive when another child cries. They may come to school early, and appear to be afraid to go home. An older child may be a chronic runaway.

Other clues to physical injuries may be the awkward, painful movements of a child, complaints of soreness, or inappropriate clothing for the weather–which may be hiding physical injuries.

Although it is rare, the child may tell you that he or she is being abused. Or, they may tell a friend who in turn tells you. In most cases, it will be true–children rarely lie about being abused.

There are also behavioral indicators to look for in parents or (caretakers) when physical abuse is suspected. For example, does the adult try to conceal the child's injury? Is the child ever confined for long periods of time? If the adult does try to explain the injuries, does the explanation fit the injury? If the injury is described as a result of discipline or punishment, is it too severe, cruel, or inappropriate for the child's age or size?

Does the parent seem concerned about, touch, or look at the child? Are there signs of really high or unrealistic expectations of the child? Is the child described as being bad, evil, or different?

Has the parent ever expressed feelings of losing control or appealed for help in some way? Has there been a severely stressful situation recently–separation, divorce, or death of a spouse, loss of a job? Is the parent misusing alcohol or drugs? Is the family isolated from friends and neighbors? Was the parent abused as a child?

The migrant educator who is aware of the behavioral and environmental factors which may lead to child abuse can be supportive of the family, and assist them in seeking and receiving the services they need.

Sexual Abuse

> *Emily was different. As a first grader she had been very shy, finding the children in her new school a bit overwhelming at first. Slowly she had gotten used to the surroundings and our way of doing things. The beginning of this year she could even be called "bubbly." She laughed a lot and played with her small group of friends. She would always be a bit shy. But the Emily I've seen over the last month or so is different. She has a frightened expression on her face and she pulls away if I put my hand on her shoulder. Yesterday she started crying and ran into the closet and shut the door. None of us could seem to discover the problem.*

Emily was the victim of child sexual abuse. Her teacher was sensitive to the changes in Emily and called her mother who was able to find out that she had been molested by two cousins who slipped into her bedroom during the night.

Sexual abuse is a term which refers to a wide range of behaviors including fondling, voyeurism, exhibitionism, oral-genital contact, vaginal and anal intercourse. It involves varying degrees of violence and emotional traumatization, and there is little uniformity in states' legal definitions. State laws prohibiting incest vary considerably in definition and detail, and the penalties for incest range in severity from simple fines to 50 years in prison.

Furthermore, since most reporting laws address themselves to sexual abuse by parents or a legal guardian, an act of sexual abuse committed by someone outside the family may be handled quite differently than if the abuse was committed by someone legally responsible for the child.

Since passage of the federal Child Abuse Prevention and Treatment Act of 1974, more and more states are specifically requiring the reporting of sexual abuse and a degree of uniformity is being established with regard to who is legally responsible for reporting the different types of child abuse. However, the definition of what constitutes the physical, emotional, and sexual abuse of children still remains largely a matter of jurisdictional and individual interpretation.[2] Therefore, again, it is important to become familiar with your own state law.

The sexually abused child is probably the hardest to spot. The victims of sexual abuse are both male and female, but the majority of reported sexual abuse cases are perpetrated by males against females. Sexual abuse is rarely diagnosed outside of a physical examination. There are, however, some physical and behavioral indicators which a trained observer can watch for. For example, the sexually abused child may have difficulty walking due to bruises or pain in the genital area. Torn, stained, or bloody underclothing can be a clue to sexual abuse, as could itching in the genital area or frequent urinary or yeast infections. Pregnancy and venereal disease among children are usually the results of sexual abuse.

Such a child is often deeply ashamed, and exceptionally secretive. He or she is often frightened, and harbor feelings of guilt, worthlessness, of being "dirty" or "damaged."

The behavioral indicators of sexual abuse, again, are not definitive. The child may exhibit a sudden drop in school performance. There may be crying without provocation, and she may become suicidal, withdrawn, or regressive showing unusually infantile behavior. There may be fantasies and storytelling. Some children have poor peer relationships. Many are unwilling to participate in physical activities. Some are fearful of male contact, while others may be overly aggressive, or seductive, have a sexual knowledge beyond their years, or become sexually promiscuous. The chronic runaway is often a sexually abused child.

Sexually abusive parents are frequently possessive and jealous, accuse the child of sexual promiscuity, and refuse to allow the child any social contact.

Again, if a child tells you that he or she is being sexually abused–it is probably true.

Neglect

Neglect refers to a failure to act–failure to fulfill the basic needs of a child including food, clothing, shelter, medical care, and supervision. While physical abuse tends to be episodic, neglect tends to be a chronic problem which occurs for a long period of time. In a disadvantaged population such as migrant workers, it's important to distinguish between the parents' economic inability to provide certain things and the parents' lack of interest in attending to the child's basic needs. Economic inability to provide is not considered neglect; lack of interest in attending to a child's needs is.

A key factor in determining neglect is the parents' attitude. Do they demonstrate an interest in the child? Do they follow through on contacting social service agencies if they are given that information? Neglecting parents will show little interest in their children or in providing for them, but disadvantaged parents who care for their children will show concern about the family's inability to provide. Sometimes the parents are too "proud" to accept social services. If this is the case, you may have to persuade them that assistance will help the children and the family as a whole. "Pride" is not to be used as an excuse for neglecting children, nor should you delay filing a report of child neglect for this reason. However, you can be helpful to the family by explaining why a report is necessary, and how getting the proper assistance will greatly improve the outcome of child protective services intervention.

The physical signs of neglect reflect the child's unmet needs. When at school, he or she may be lacking key articles of clothing such as shoes or underwear, or wearing clothing inappropriate for weather conditions. The child who is consistently hungry, emaciated or has a distended stomach may be suffering from malnutrition. The neglected child may be constantly fatigued or listless, and have unattended medical problems such as uncorrected vision, or decaying teeth. He or she may have poor hygiene often accompanied by offensive body odor or lice.

Children react to neglect in very individual ways. Consider the following example:

> *One little girl was obviously undernourished, but even when food was offered in school, she refused it, saying, "I'm not hungry." In fact, the child's main associations with food were negative: her parents constantly argued about the amount of money spent for food, and her decayed teeth pained her when she chewed. In response, she had taught herself not to recognize her own hunger.*[3]

The behavioral indicators of neglect are also varied. The child who falls asleep frequently in class or who is constantly tired may not be getting the proper sleep or may have unattended health problems. The child with poor school attendance or who is chronically late, may have parents who do not care about the child's education. Conversely, the child who comes early to school and is late to leave may find a sense of security in the school setting that is not felt at home. The child who begs or steals food and/or money, or one who is destructive of other's property can also be a victim of neglect.

Neglect is difficult to deal with. Often the parents themselves, and their parents before them, were victims of neglect. Children learn parenting from role models–usually their own parents. If a parent does not know how to provide an orderly and adequate home environment, this lack of knowledge is passed on to the children–and so, the cycle of neglect continues from generation to generation.

Providing adequate food and clothing; teaching children proper hygiene, parenting and homemaking skills; providing affection and attention, can help prevent future generations of neglected children. But too often, the children who need the help drop out of school before these efforts can become effective. Educators have found, however, that working with both the parents and the children has been instrumental in keeping these children in school, along with helping to break the cycle of neglect.

Chapter 5 discusses in detail programs which the migrant educator can use with both parents and children.

Emotional Abuse

Emotional abuse can be defined as a parental pattern of behavior which affects the child's intellectual and psychological capabilities. The effects of emotional maltreatment are long lasting, and constitute a handicap to the child.[4] Emotional abuse usually takes the form of belittling, rejecting, degrading, or threatening a child. Name calling, treating the child as a non-person, threatening to abandon the child, openly favoring siblings, are a few of the ways parents emotionally abuse their children.

Emotional abuse is difficult to identify. There are no outward physical injuries such as bruises or burns to be questioned; although emotional abuse will very often be accompained by physical abuse. The scars left from emotional abuse, however, continue long after the physical abuse stops.

There are many indicators of emotional abuse. But these indicators can almost always be attributed to other factors as well–health disorders, birth defects, or other family problems. Therefore, proving emotional abuse is very hard to do. Often child protective services personnel are so busy investigating other

forms of life-threatening abuse that emotional abuse cases are either dismissed as unfounded or pushed to the background.

The emotionally abused child often feels incompetent, worthless, or "bad." These poor feelings of self-worth may be reflected by obesity, skin disorders such as acne, or speech disorders, stuttering for instance. The child may be susceptible to asthma, allergies, or ulcers. An infant might show signs of failure to thrive–severe growth failure which is nonorganic, i.e., without obvious physical cause. An older child might have physical, emotional, or cognitive developmental lags which means he or she does not develop at the rate considered to be within the normal range for his or her age group. For example, the child may exhibit infantile behavior such as pants-wetting, thumb-sucking, rocking.

Extremes in behavior are indicative of emotional abuse. A child may be very withdrawn and refuse to communicate with others. Or, he or she may be overly happy and affectionate. He or she may show inappropriate behavior for the situation, such as laughing when in pain.

Emotional abuse often stems from very high expectations of the parents. When the child does not or cannot meet these expectations, the parent becomes highly critical. The child in turn, may act out the poor self-image which this criticism fosters in ways similar to victims of physical or sexual abuse–truancy, delinquency, aggressiveness, destructiveness of self and others, substance abuse, cruelty, vandalism, arson, stealing, or cheating.

Adolescent Abuse

The physical and behavioral indicators of physical, sexual, and emotional abuse or neglect apply to children and adolescents. However, maltreatment of adolescents is often harder to recognize because most people do not think of teens as being abused. Teens are thought to be able to protect themselves or at least to avoid an abusive situation; or they are thought to be able to seek out help if necessary. On the contrary, many of these abused teens have grown up with abusive parents and feel the need to protect the family, or feel that the abuse is their own fault in some way.

The behavioral indicators of abused adolescents are varied. They may display an outward maturity well beyond their years; they may be very secretive and evasive, overreacting when touched in any way, and become highly defensive; they may deliberately provoke confrontations with adults and/or peers, displaying delinquent and rebellious behavior; or they may appear to be overly frightened by parents or authority figures. This behavior may range from one extreme to another–hostility and aggressiveness to withdrawal.

A Final Note

Every child reacts to maltreatment in his or her own way. Knowing the child, being aware of the possibility of abuse and neglect, observing changes in physical appearance or behavior, and listening to what the child is saying will aid you in recognizing the child who needs help.

Table 3.1 Indicators of Maltreatment

Physical Abuse

Physical Signs	Child's Behavior	Parental Characteristics
Unexplained Bruises or Welts • on several different areas • in clusters, or unusual patterns • in various stages of healing (bruises of different colors, old and new scars) • in the shape of instrument used to inflict them Unexplained Burns • in the shape of instrument used to inflict them (cigarette, rope, iron) • caused by immersion into hot liquid (may be glove-like or sock-like) Unexplained Lacerations or Abrasions • to mouth, lips, gums • to external genitalia • on the backs of arms, legs, torso Unexplained Skeletal Injuries • fractures of skull or face • multiple fractures • stiff, swollen joints • bald spots--from hair pulling • missing or loosened teeth • human-size bite marks (especially if adult size and recurrent) • detached retina (from shaking or hitting) School Absense Correlates with Appearance of Injury Clothing Inappropriate for the Weather (concealing injuries)	Extremes in Behavior • very aggressive • very withdrawn • submissive, overly compliant, caters to adults • hyperactive • depressed/apathetic Easily Frightened/Fearful • of parents, adults • of physical contact • of going home • when other children cry Destructive to Self/Others Poor Social Relations • craves affection • indiscriminate attachment to strangers • relates poorly to peers • manipulates adults to get attention Reports: • fear of parent(s) • injuries inflicted by parent • unbelievable reasons for injuries Demonstrates Poor Self-Concept Learning Problems • poor academic performance • short attention span • language delayed Chronic Runaway Deliquency	Conceals the Child's Injury • gives explanation which doesn't fit the injury or has no explanation • dresses child to cover injury • keeps child home from school Does Not Appear to be Concerned About the Child • cares more about what will happen to him or her than what happens to the child Describe the Child as Bad, Different, Evil Believes in Severe Discipline • or inappropriate discipline for child's age or size Unrealistic Expectations • regarding development • regarding emotional gratification (expects child to fill emotional void) Low Self-Esteem Abuses Alcohol/Drugs Immature Maltreated as a Child

Sexual Abuse

Difficulty Walking Torn, Stained or Bloody Underclothing Abnormalities in Genital/Anal Areas • itching, pain, swelling • bruises or bleeding • frequent urinary or yeast infections • pain on urination • vaginal/penal discharge • poor sphincter control Venereal Disease Pregnancy Psychosomatic Illness States that she/he has been Abused	Sudden Drop in School Performance Poor Peer Relationships Unwillingness to Change Clothing for Gym Sexual Knowledge Beyond Age • displays bizzare, sophisticated sexual behavior Poor Self-Concept • depressed/apathetic • suicidal Extremes in Behavior • sexually agressive • withdrawn/fearful of males Regression to Earlier Developmental Stage Chronic Runaway Delinquency	Possessive and Jealous of the Victim • denies the child normal social contact • accuses the child of sexual promiscuity and seductiveness • is abnormally attentive to the victim Low Self-Esteem Poor Imulse Control Was Sexually Abused as a Child Abuses Alcohol/Drugs Socially Isolated Poor Relationship with Spouse Believes Child Enjoys Sexual Contact Believes Sexual Contact Expresses Familial Love

Physical Neglect

Physical Signs	Child's Behavior	Parental Characteristics
Poor Growth Pattern • emaciated • distended stomach Consistent Hunger/Malnutrition Poor Hygiene • lice • body odor Lacks Appropriate/Necessary Clothing Unattended Physical Problems or Medical Needs • lack of proper immunization • gross dental problems • needs glasses/hearing aids Constant Lack of Supervision • especially in dangerous activities or circumstances Constant Fatigue/Listlessness • falls asleep in school	Developmental Lags • physical, emotional, intellectual Extremes in Behavior • hyperactive • aggressive • withdrawn • assumes adult responsibilities • acts in a pseudomature fashion • submissive/overly compliant Infantile Behavior Depressed/Apathetic • states no one cares Begs/ Steals Food • forages through garbage • consistent hunger Seeks Attention/Affection • hypochondria Consistent Absense or Tardiness at School Delinquency	Apathetic/Passive Depressed Unconcerned with the Child • is not bothered by child's lack of basic necessities nor by child's behavior due to his/her negligence • does not seek child care • no food in house Socially Isolated Low Self-Esteem Abuses Alcohol/Drugs Impulsive Mentally Retarded Maltreated as a Child Unsafe Living Conditions • chaotic home life, overcrowding • drugs/poisons in reach of children • garbage and/or excrement in living areas

Emotional Maltreatment

Health Problems • obesity • skin disorders--acne • speech disorders--stuttering • asthma, allergies, ulcers Infantile Behavior • pants/bedwetting • thumbsucking Failure-to-Thrive in Infancy Poor Appearance	Learning Problems Developmental Lags • physical, emotional, intellectual Extremes in Behavior • aggressive • withdrawn Destructive to Self/Others Sleep Disorders Demonstrates Poor Self-Concept • depressed/apathetic • suicidal	Unrealistic Expectations of Child Belittles, Rejects, Degrades, Ignores the Child Threatens the Child • with severe punishment • with abandonment Describes the Child as Bad, Different, Evil Low Self-Esteem

Footnotes

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3. Janet M. Fitchen, Poverty in Rural America: A Case Study (Boulder, CO: Westview Press, Inc., 1981), p. 138.

4. U.S. Department of Health, Education, and Welfare. Resource Materials, p. 50.

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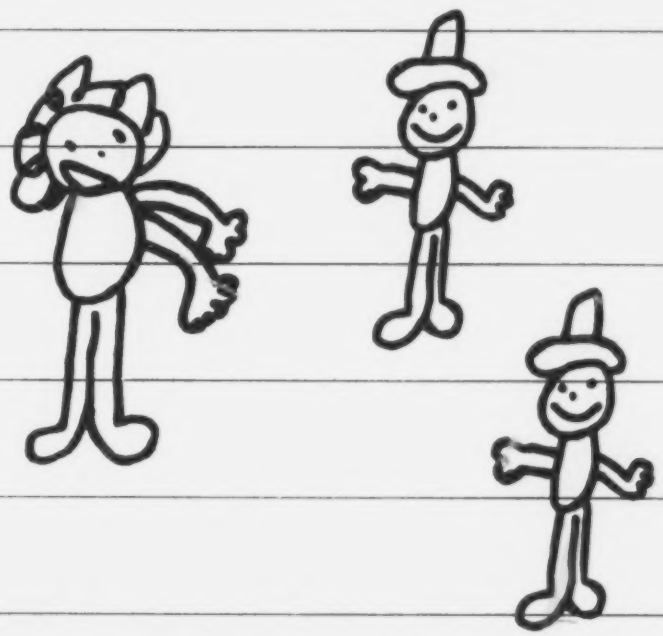
Chapter 4

A Classroom Response to the Maltreated Child



Chapter 4 - Highlights

Maltreatment can have serious, far-reaching, detrimental effects on the child. Abused or neglected children have an increased risk of:

- mental retardation
- language delays
- poor gross motor ability
- perceptual motor dysfunction
- poor social skills

A migrant educator can counteract the impact of maltreatment on the child by:

- being aware of the descriptors of handicapping conditions
- being alert to the school and community services available to assess the child's special needs
- creating a supportive classroom environment
- individualizing instruction and programs
- working with parents and/or foster parents
- coordinating efforts with school and social services personnel

CHAPTER 4

A Classroom Response to the Maltreated Child

by Lorrie Wolverton

Next to the family, the school is generally considered the most important influence on a child's life. Here he or she spends one third of his or her young life, trying to learn, expecting to be cared for, and learning to trust. As a teacher you are entrusted with a real treasure–a child's spirit–it can grow and flourish or be crushed. For the abused child the school may be the only avenue of escape, a place where he or she can feel safe and can find people to depend upon.

Singling out the abused or neglected child in your classroom will not always be easy. The indicators presented in Chapter 3 may not always be evident, or you may be working with a child long after the maltreatment has ceased but the educational and psychological effects remain.

You need to be a listener–not only to children as they talk to you but to children as they talk to others. An abused child shares her thoughts:

> *Listen to the abused children. They have much to tell. And tell they will. No, don't ask them to tell on their parents. They will refuse to do that out of fear of reprisal, out of a sense of pity for their parent, and what it would do to them. And out of the love/hate emotion they truly feel for their parents.*
>
> *Listen to the children. They will tell you how they feel–in-directly....They just need someone who asks because they care and who will not look away from the view they see.*[1]

Be observant–unexplained changes in behavior or the child's physical condition bear watching. Most children appreciate the friendly touch or arm around the shoulder that says "good job." One should wonder about the child who jumps, pulls back, or winces when touched. That child may be hurt or reacting to previous physical abuse. Teachers must have that innate sense for which there is no name, the innate sense of a tender, sensitive person who, watching children every day knows...when one is not behaving normally.[2]

Your school or migrant program should have a policy that you can follow when "wonder becomes suspicion," and you need to report a case of abuse or neglect. Be sure that you are aware of this policy and how it is to be implemented right from the beginning of the school year. If a policy has not been written for your school, encourage its preparation. Such a policy gives you legal, moral, and school support (see Chapter 2). Remember, too, that reporting not only helps a child, it can help the parent as well. Sending a battered or neglected child to school where his or her condition should be noticed, may very well be the parent's cry for help.

If you find it hard to make the decision to report, be aware of the fact that the longer the maltreatment continues, the greater the child's academic and personality deficits will become.

Impact On The Child

The real cost is in the waste. The abuse and neglect of children rob the victims of a chance to share the social, economic, and personal benefits of our society and cripple the society itself.[3]

The damaging effects of maltreatment on children have been documented consistently in study after study. The maltreated child is at greatly increased

risk of mental retardation, language delays, learning disorders, poor gross motor ability, and perceptual motor dysfunction. The child's classroom behavior may range from very disruptive to extremely withdrawn, and relationships with classmates may be poor.

Recent studies show that while the average I.Q. of abused and neglected children may fall within the normal range, their I.Q.'s are lower than children who have not been maltreated. Even those children who experienced physical abuse judged to be mild by medical standards were found to have low I.Q.'s. Many believe these lower scores are the consequence of the under-stimulating and nonverbal environments from which the children came.[4]

Language delays and deficits are frequently present in abused and neglected children. These language problems may result from the poor interpersonal relationships existing in the abusive family. Expressive language–so necessary for success in school–appears to be poorly developed in the maltreated child. This is easy to understand when one realizes that for these children less language is often safer. Unfortunately, these language deficits negatively affect many aspects of the child's academic performance and remediation is generally necessary.

In one study of abused children and their academic performance, the majority of the children were found to be below grade level. These abused children had lower achievement levels in mathematics than in spelling or reading. Sexually abused children had the lowest achievement level overall, lower than physically abused or neglected students.[5]

Another area of concern is the maltreated child's social skills. Studies have shown that children from abusing families can very quickly grow into difficult and disturbed individuals disliked by their peers; frustrating and antagonizing to adults who try to care for them. Lynch and Roberts found that one-third of the young school age children they studied were showing the type of aggressive behavior that often leads to becoming a violent, abusive parent.[6] In the same study the rate of maladjustment among the children was well above the expected rate for boys and three times the expected rate for girls. The areas of maladjustment were aggressiveness and hostility, particularly hard qualities to control in the classroom.

Considering the impact of maltreatment on children, it is not surprising to find that maltreated children are very over-represented in special education classes. One study found 26.8 percent of maltreated children were in special education classes, compared to 8 percent of the general population. Of the abused children placed in special ed classes, most were in classes for the emotionally disturbed. It is difficult to determine whether these handicapping conditions were caused by the maltreatment or existed previously. In either case, the problems exist and must be treated.

Assessing the Child's Need

Abused children are children with special needs. Having already suffered untold misery, they should not have to suffer further through a lack of appropriate educational services.

The Education for All Handicapped Children Act (P.L. 94-142) ensures that any child with a handicapping condition has the right to special services. The regulations for the Act define "handicapped" as including deaf, blind, hard of hearing, mentally retarded, and multihandicapped children. The definition also includes three categories which may be more relevant to the maltreated child:

Seriously Emotionally Disturbed - a long-term marked adverse effect on educational performance as reflected by an "inability to learn which cannot be explained by intellectual, sensory, or

health factors;" an "inability to build or maintain satisfactory interpersonal relationships with peers and teachers;" "inappropriate types of behavior or feelings under normal circumstances;" a "general pervasive mood of unhappiness or depression;" or a "tendency to develop physical symptoms or fears associated with personal or school problems."

Specific Learning Disability - a disorder in the basic psychological process of understanding or using language, spoken or written. This may be manifested in an imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Included are such conditions as perceptual handicaps, brain injury, "minimal brain dysfunction," dyslexia, and developmental aphasia (impaired ability to acquire language).

Other Health Impaired - defined as "limited strength, vitality or alertness, due to chronic or acute health problems... which adversely affect the child's educational performance."[7]

As one can easily see, the descriptors of handicapping conditions characterize in many ways the types of problems maltreated children experience as the result of their upbringing.

A teacher, parent, caseworker, or foster parent may request an evaluation of a child's ability. Once a child has been referred, the Committee on the Handicapped will determine what screening, if any, should be done. The migrant teacher may need to act as an advocate for both the child and the parent. The parents may need to be made aware of their right to be involved in the decision-making process in their child's case.

Screening should include a battery of tests designed to create a picture of the child's physical, psychological, and academic abilities. Following the completion of the screening procedures, the Committee on the Handicapped will decide whether the child is to be designated handicapped. If this designation is given, an individual education plan will be prepared for the child, detailing the types of services to be provided and the specific goals to be achieved.

Frequently, maltreated children will find the testing situation threatening. Any examiner needs to consider several points before testing begins: (1) Extremes of behavior from hostility to withdrawal are not uncommon in abused or neglected children. (2) The test may cause them anguish as they may fear failure in front of an adult. (3) A child's expressive language may be poor and lack of a verbal response will be misleading as an indicator of intelligence or knowledge.

A number of different tests are useful in assessing the maltreated child's psychological, physical, and educational deficits. These tests may be administered under the auspices of the Committee on the Handicapped or given for general diagnostic purposes.

Because of the trauma caused by abuse and neglect, a maltreated child should always be considered for psychological testing.

Following a psychological assessment, psychotherapy or counseling can bring out the feelings of anger, guilt, and fear which the child may have had to deal with over a long period of time. Teachers should always consult with the psychologists so that classroom activities can be planned to meet the child's needs.

In-depth screening for learning disabilities may be indicated by the child's classroom performance. Tests of basic skills to determine the child's level of competence should be a part of the program. Additional tests, such as gross and fine motor, visual and auditory perception evaluations, may be indicated by the child's performance on preliminary tests.

Maltreated children should receive a thorough physical examination to ascertain any undiagnosed injuries, the child's nutritional state, general physical condition, and whether any continuing medical treatment might be required.

Hearing and vision tests should be completed to ensure that academic problems are not the result of untreated conditions.

When testing is completed, appropriate services should be determined. These services may be provided by a Chapter I teacher, a speech therapist, a migrant teacher, or a consultant. The migrant teacher should help to coordinate these services when that role is appropriate.

A Classroom Response

With the knowledge that abuse and neglect causes severe emotional, social, and academic problems, there must be an appropriate classroom response. Leontine Young in Wednesday's Children tells of some of the special needs of maltreated children:

> *...children will need help in reaching groups to which they can really belong, in finding new opportunities, in developing interests and talents, and hopefully in finding and making genuine friends. Probably none of these can totally compensate for what their families could not give, but children, if we help them before too much damage is done, can thrive and grow on all kinds of help.*[8]

Teachers need to provide a warm, supportive classroom atmosphere and set the example by the way they run their classroom. All children should have an equal opportunity to participate in all activities in a way that will enhance their self-concepts. Stress should be placed on children's supportive treatment of one another with criticism and ridicule discouraged. Throughout the day teachers can plan activities that allow children to find out the good things about each other. For instance, a bulletin board with a "Star of the Day" theme gives classmates a chance to say something good about today's "Star." A short note or comment to a child about some achievement will be treasured by the recipient. Such positive self-concept boosters are good for any child but of vast importance to the maltreated child who has very low self-esteem. An atmosphere such as this can be fostered throughout an entire school.

Maltreated children need to have a way to vent their feelings and try to cope with life as it is for them. One avenue for bringing this about is through the language experience approach–giving children the chance to write in their own words about their turmoil. These will not be stories to share with classmates so giving a child a journal in which he or she can write privately is a good approach. This activity also builds language facility, a skill often lacking in the maltreated child.

Let children deal with their feelings openly. When a child comes in obviously angry, give him or her the chance to vent that anger. Teaching children how to cope with anger constructively will not only help the maltreated child but will benefit all the class. Because hostility and aggressiveness are frequently expressed by the abused child, exploring these emotions through classroom activities may defuse potential problems. Two excellent books to help children deal with anger, guilt, and other emotions caused by abusive/neglectful situations are My Mom Is Always Hitting Me–But It's Not the End of the World, and Group Counseling for Children Who are Abused, by Dr. Artie M. Morris-Vann. (See the suggested resources at the end of this chapter.)

As a caring teacher you can be a stabilizing force in the life of a maltreated child. Here are four suggestions for effectively working with the child:

- Create a more individualized program for the child that lowers the academic expectations and makes fewer demands on the child–he or she probably has enough stress and crises to deal with at home.
- Try to give the child as much individualized attention as possible.
- Remember that by identifying and reporting the child's maltreatment, you are getting help for the troubled family

and child while eliminating a situation that threatens a child's healthy growth and development.

- Be warm and loving. If possible let the child perceive you as a special friend to whom he or she can talk. By maltreating the child, someone has said in a physical way, "I don't love you." You can reassure the child that someone cares.[9]

Working With The Parents

Working with abusive parents may be a difficult task for you, but the child and his or her family may need help such as purchasing glasses, meeting medical needs diagnosed through screening, and/or finding clothing that boosts the child's self-esteem. Working with a parent you know has caused a child emotional and physical pain may be hard to do at first, but you should try to build a relationship with the parents. You can provide a positive role model for interaction with their child by praising the child at parent conferences and in notes sent home, pointing out the good things about the child. Keep the lines of communication open–don't isolate the parents further. Try to involve the parents in school activities, parent conferences, and educational programs offered to parents.

Special Placement

From time to time a teacher will need to work with a maltreated child who has been removed from his or her home. Placement of children outside the home as a temporary resolution to abuse and neglect is always a last resort used when a child's life is believed to be in danger or the family cannot function as a unit. A small percentage of abused children, more frequently teenagers, receive placement in a residential care setting. Even in residential care children are required to receive educational services in keeping with their abilities. The migrant program usually would not work with a child in a residential setting.

The more common out-of-home placement is foster care. The decision to remove a child from the home environment is one of the most difficult a case worker has to make. Unfortunately there are times when an abused or neglected child is simply not safe in his or her own home. Problems to face in foster placement include the separation from the family, finding a good foster home, and problems between the natural and foster parents. There is also the guilt felt by the child that it may be his or her fault that the family is being separated.

As a teacher you need to be aware that the foster child not only has to adapt to a new home but to a new school as well. Meet with the foster parents who, in most cases, will appreciate your interest. Share the areas of concern you have and listen to the foster parents' concerns and any background information they may share with you. Together you can develop a plan that will help ease the child's pain. Your first joint step will be to plan ways to improve the child's self-concept since low self-esteem is so characteristic of the maltreated child. Another shared goal may be to help the child make friends, easing the adjustment to a new environment. Lastly, you and the foster parent can advocate together for whatever special services the child may need.

Coordinating Efforts

The active maltreatment case involves many people. An uncoordinated effort can lead to an overlapping of services, some neglected problems, beseiged parents and children, and frustrated professionals. One successful approach that eliminates these potential problems is the school committee or multidisciplinary team.

The goal of this team is to effectively facilitate identification, reporting, services to the child, and the provision of help to the family. They help to coordinate the efforts of the many agencies involved and can be organized to deal with one particular case or function to review all cases in the school. Members

could include school personnel from various professional backgrounds–the principal, a school social worker, the school's physician or nurse, the guidance counselor, and a teacher. The group determines action to be taken, makes the report, deals with the family, and decides what supportive programs the school could offer the child and the parents. Actions taken by the committee would have to be coordinated with child protective services and other involved community agencies.[10]

Jamie: A Case Study

The involvement of the migrant educator in cases of abuse and neglect is unavoidable. As the teacher of a maltreated child your greatest gift to him or her is one of trust. A gentle hug, a kind word, compliments about something he or she has done well will help to give the child a feeling of positive self-worth, something most victims lack. It takes very little time and may just give the child the courage to go on. By understanding the problem, knowing how to deal with it, and realizing that your involvement will give a child a better life, your response to a case will be more effective. Take advantage of all the support systems available to you in your school, migrant program, and community. Most of all–have the courage to care.

The story of Jamie is included to show you how all the characteristics, techniques, agencies and people came together to help one little boy and his family.

Jamie is 7 1/2 years old, the oldest of four children who now live with their father and his parents. His mother left the family abruptly last year.

Early reports of abuse and neglect came when the migrant parent educator visited the home at the request of the farm owner's wife. She said "this mother has her hand's full and needs some help." When the parent educator arrived she found all four children in the baby's playpen. The mom said she kept them in there so they would stay clean. She was "a good mother." If the children complained she put them in the closet so they "could learn to behave." In the first four years of Jamie's life his family was reported twice for abuse and shortly after Jamie's fifth birthday he and his brothers and sister were placed in foster care.

Prior to entering kindergarten Jamie was placed in a class for the emotionally withdrawn. He also received speech therapy on a daily basis as he was essentially nonverbal until age four. He and his sister had developed their own language which delayed the acquisition of normal speech. When Jamie entered kindergarten he was immediately referred to the Committee on the Handicapped. There he was termed "learning disabled" and was scheduled for resource room twice a day and daily speech therapy. The first quarterly report from his teacher stated that Jamie was functioning at an early preschool level. He was unable to interact socially with his peer group, could not work alone, and rarely communicated.

At the first parent conference the mother spoke freely of the previous abusive situations and of her own childhood. She said her mother never spent any time with her. She was trying to do better but was "unsure about how to go about it." She stated her husband often hit the kids and that's why she agreed to have them placed in foster care.

Two years and two schools later Jamie is in first grade having spent two years in kindergarten. In his reading program he is just learning to master beginning sounds. He has been tested psychologically, for speech problems, learning disabilities, and hearing loss. He receives speech therapy and individualized tutoring in reading and math.

Jamie's academic tutoring is provided by the migrant program. His father has a weekly session with a migrant parent educator who is teaching him parenting skills. The family's caseworker visits only once every three months now. The migrant tutor and the classroom teacher meet regularly to plan Jamie's academic work. The help the father has been getting through the parent educator is giving him the parenting skills he needs to cope with his problems.

The family still struggles to get along but they are functioning as a unit. Jamie's last school report stated that he was talking in class and has a friend now.

The coordinated efforts of child protective services, the migrant program, the school, and the family have produced a family that can give love and support to one another.

Chapter 4

Footnotes

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Suggested Resources

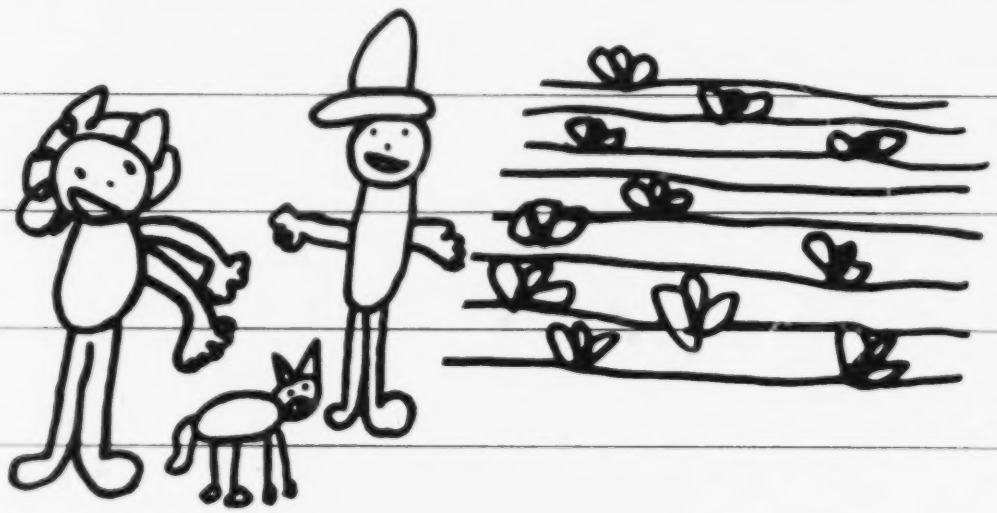
Group Counseling for Children Who are Abused

My Mom Is Always Hitting Me–But It's Not the End of the World

Two books for use with children. Available from: Dr. Artie M. Morris-Vann, Aide U Publishing Company, 17220 W. 8 Mile Road, Bldg. B, Suite 24, Southfield, Michigan 48075.

Chapter 5

Prevention Programs in School and Community



Chapter 5 - Highlights

The migrant educator can encourage the development of programs and activities which are both educational and prevention-oriented. These outreach activities can be directed to:

- the children
- the parents
- the school system
- the community

This chapter will provide you with some suggestions and guidelines for:

- implementing awareness programs in the schools to educate the children, parents, teachers and support staff to the problem of child maltreatment
- developing programs and activities for children to help them gain a knowledge of the issue, understand its effects, and how to protect themselves if necessary
- developing in-service education for human services agencies to familiarize staff with migrant families
- uniting community members and migrant parents in a cooperative effort to achieve programs and services which address the needs of migrant families
- locating appropriate community resources and services

CHAPTER 5

Prevention Programs in School and Community

by Lorrie Wolverton

The complex and far-reaching problem of child maltreatment affects all of us. As educators, parents, and members of the greater community we see its high costs in human suffering, expensive social programs, children unable to participate constructively in the classroom, and adolescents whose response to their troubled lives is often aggressiveness, delinquency, and feelings of worthlessness. Our awareness and concern needs to be channeled into programs that will prevent maltreatment from continuing or, hopefully, from ever occurring, by involving and educating all segments of the community. This chapter provides the migrant educator with the information necessary to achieve such a goal through programs and activities that reach out to the child, parent, school, and community.

School-based Programs

The key to preventing child abuse and neglect is keeping people constantly aware of the many facets of the problem and the potential solutions. Child maltreatment is not new, but public awareness and recognition of it as a cause to champion is fairly recent. It has been brought "out of the closet" by television programs, newspaper accounts, and personal testimony that make acceptance of its existence unavoidable.

An awareness program in the school or migrant education center is a comprehensive approach which educates teachers, support staff, children, and parents about the problem of maltreatment. The primary goals of such a program are to prepare participants to identify maltreatment, respond to the maltreated child in ways appropriate to their roles, and to educate them in prevention techniques and programs.

The most effective awareness programs encourage involvement by all segments of the school population through representation on a program planning committee. An effective program will ensure continuing opportunities for all to share their related concerns and suggestions. Starting a school awareness program may seem an overwhelming task but these guidelines will help you take those first steps:

1. Appoint a representative committee of parents, students, teachers, community leaders, and migrant program administrators. This committee will decide how to determine program focus and will oversee implementation of that program.

2. Hold a meeting to explore ideas for program focus. Your Migrant Parent Advisory Council would be an excellent sponsor of this event. A dynamic speaker or film are two possible ways to introduce the issue.

3. Conduct a survey of all involved groups to determine areas of greatest concern or need. Basic information about signs and symptoms of abuse and neglect is often the topic of greatest interest and a good beginning point.

4. Seek ideas, curriculum, and program presenters from school personnel, parents, local child protection service organizations, the medical community, and relevant state/local organizations.

5. Choose your focus for education and decide how it will be carried out. Presentations should be prepared for parents, young children, adolescents, and

program staff. Each will have different needs, concerns, and of course, require different levels of material.

6. Make available all material to be used for viewing by parents and program staff so that appropriate home and classroom follow-up can take place.

7. Plan classroom activities to discuss what has been learned about child maltreatment, what can be done about it, and how students can deal with the problem individually.

8. After your initial education effort has been completed, hold another meeting of the school committee to decide on your next step. Hopefully, now that you have heightened awareness of the child abuse and neglect issue, those involved will want to explore prevention programs that could be started within the migrant program and the community.

The school or migrant center's education effort should be on-going–assessing current program needs and responding with appropriate training. Programs that could be offered to children and families are presented in the remainder of this chapter.

Programs for Children and Adolescents

Children's talent to endure stems from their ignorance of alternatives.[1] If the self-perpetuating cycle of abuse is ever to be broken, we must begin by educating children about maltreatment and secondly, by teaching them what "good" treatment is. Many abused or neglected children know no other kind of family life than the damaging, nonnurturing one to which they have been exposed. Unknown to them is the loving supportive childhood of the majority of their classmates.

Teaching children about maltreatment is crucial for several reasons. If a child or adolescent is the victim of maltreatment, understanding why he or she is being abused; that it is not the child's fault; and that help is available is imperative. Children who are not abused may use this knowledge to help a friend who is maltreated. Finally, educating children in techniques to protect themselves from potentially abusive situations may save them from emotional and/or physical harm.

Often the responsibility for educating children about maltreatment will be left to the teacher, nurse, or guidance counselor. There are a variety of approaches an educator may use to accomplish this task in a positive non-threatening way. A curriculum can be based on children's books about maltreatment. Bibliographies of such books can be obtained from the National Committee for the Prevention of Child Abuse, the National Center on Child Abuse and Neglect, or through your local public or school librarian. An excellent source for annotated listings of books on many subjects is the Bookfinder. Published by American Guidance Associates, this reference book lists and describes books on numerous topics giving a brief synopsis of the story and suggested age levels for whom the book is most appropriate. Having children read such books, often written from the child's point of view, helps them gain knowledge of the issue and understanding of its effects.

Many activities can grow out of this shared reading experience. Classroom discussions can focus on questions such as: *"How would you feel if you were this child?" "What can you do to help this person?"* From these questions you can begin to deal with such issues as feelings, classroom treatment of the maltreated child, and ways to tell someone about the abuse of a friend or even oneself. Role-playing of situations, writing activities, and research projects provide continuing learning opportunities. Most importantly, bringing this topic into the classroom makes this a "safe" thing to talk about, thus increasing the chance that a child will tell you if he or she is being maltreated.

Another issue of great concern is teaching children to protect themselves from sexual abuse by people they may

know or, less likely, by strangers. This highly emotional issue is best dealt with as a safety topic. Using staff trained to deal with the subject, parents and children from preschool to adolescents can be taught prevention strategies. Parents need to learn how to teach children that some parts of their bodies are private; that keeping secrets is to be discouraged; that children's accounts of abusive incidents will be believed; and that people you know, as well as strangers, can be abusive.

Cordelia Kent of the Child Sexual Abuse Prevention Project has developed a curriculum for elementary and secondary teachers entitled "An Educational Program for Children," which teaches children how to protect themselves. Basic to this curriculum is the touch continuum detailing good touch and bad touch.

Most sexual abuse education programs agree that there are five simple guidelines you can share with children that will protect them in potentially abusive situations:

1. It's your body. You can decide what happens to it–Say NO!
2. Run away.
3. Tell someone. Keep telling until someone listens.
4. Trust your instincts! If it doesn't feel right, it isn't.
5. It's never your fault.

Adolescents will benefit from all the educational programs previously discussed, modified appropriately for their needs and age. The curriculum for junior and senior high school students provides many additional opportunities to teach abuse prevention strategies. One of the major causes of abuse and neglect is lack of parenting skills and knowledge of child development. Health and home economics classes are a natural setting for teaching these topics. Students can gain practical experience by working with primary classes, nursery schools, and by babysitting. Don't forget to include the boys! They're what fathers are made of. The "Exploring Childhood" program is a recommended curriculum for such classes. (See chapter resource list.) Teachers are finding many innovative and creative ways to teach students the responsibilities of parenthood including babysitting an "egg" and mock marriages.

The abused child often feels isolated, embarrassed to tell friends about problems at home. Starting "rap" sessions for abused children like those held for children of divorced or alcoholic families would provide a much needed outlet.

Adolescence is a difficult time for the well-adjusted child from a stable home. For the maltreated child it can be an even more troubled period. When the child should be reaching out for new ideas and challenges, he or she is struggling with pain, outrage, guilt, and a sense of worthlessness. A support group gives children the opportunity to share some of the heavy burdens and, perhaps, find some solutions. Leading such a group is an ideal role for a migrant counselor who understands not only the problems of the adolescent but also those of migrant life.

It is clear that migrant educators have a significant role to play in promoting programs to help the maltreated migrant child. These programs can provide children with positive experiences that enhance their feelings of self-worth, a chance to develop healthy peer relationships, and the opportunity to see adults as trustworthy, caring, reliable people.

Developing a Community Response

The migrant families of this country are a unique and vital segment of our society. Our farms, known the world over for their bountiful harvests, are one of our greatest resources. The migrant family, a human resource, has played a major role in this economic and agricultural success throughout the years. Despite the return of migrant families, year after year, to the same area, to harvest the same crops, many communities don't understand their

lifestyle, their culture, and their needs. Therefore, migrant educators must take the responsibility for ensuring that all segments of the community are made aware of the migrant population which resides in their midst. Few problems demand a greater understanding of the functioning of the family unit than child abuse and neglect.

Community Awareness Programs

Community human resource professionals, representatives of child protective services, hospital personnel, day care service providers, law enforcement officials, religious leaders, and legislative representatives are a few of the target groups who should know about the migrant lifestyle. These professionals will continually be making decisions affecting migrant families during their stay in the area and should do so from a position of knowledge.

Education programs should be offered to all social/legal service offices before the arrival of migrant families. Such migrant awareness programs should include a discussion of ethnic cultures, demands of work on the family, living conditions, income, predicted length of stay, health needs, and child care options. This is not the time to be advocating for legislative change, but rather, to communicate knowledge about what resources migrant families have available to them to provide an adequate, acceptable lifestyle to their children; the strengths of the migrant family, often an extended one; and the areas where resources may be lacking.

A primary objective of such a program is to sufficiently inform child protective services personnel about migrant issues so that in subsequent investigations they can clearly judge whether a family is providing the best care possible given the resources available to them. Efforts should be made to present migrant awareness training to every human services agency in the area on a regular basis as a basic part of their staff development program. As you build a relationship with the agency you can include one of their staff members on your training team. Time spent in mutually beneficial training will pay great dividends when migrant families need assistance.

The logical staff of such an awareness program is the administrator and staff who work each year with migrant families. Seek out individuals who have been in the migrant stream but have now established themselves in the community to act as part of the training team. Community members who have been supporters in the past should be included on your staff. Offer your informational program to social services agencies as an in-service opportunity for their staff; to church and community groups as a cultural enrichment program; and to legal agencies as a training session for law enforcement officers.

A variety of presentation methods can be employed–slide/tape presentations, role-playing sessions, panel discussions, and lectures are all viable options. Whatever combination of presentation methods chosen, be sure to allow time for questions, answers, and discussion. These sessions have the potential for opening new avenues of communication and partnership which achieve your goal of greater community awareness of the migrant population. Once migrant families arrive in the area, further steps should be taken to continue building awareness and interaction.

Coordinating Efforts in the Community

Another important approach is to seek out ways to be part of a community-wide response to the abuse/neglect problem. In many areas of the country communities have task forces, sometimes called coordinating councils or coalitions, whose purposes could include: community education; assessment of community needs and resources; primary and secondary prevention programs;

fundraising for community abuse/neglect programs; and evaluation of services provided by agencies, schools, and community groups. Task forces are generally comprised of lay persons and professionals who realize that child abuse is a far-reaching community and social problem that must be solved by the joint efforts of many individuals. This concept also recognizes that nonprofessional concerned citizens can play a key role in developing a community response. Additionally, such an organization brings together many perspectives for solving a basic problem and often results in creative action-oriented policies well-suited to the community's needs.

The parent aide program is an excellent example of such a cooperative venture. In some communities in New York State, local task forces have sponsored parent aide programs–initiating the idea; finding funding which often comes in part from local social service agencies; training the aides; and supervising their work. Child protective services refers clients; meets with the aides regularly to ascertain progress; and uses a portion of their budget to fund the service. This is an example of true cooperation–fulfilling an unmet need, and at the same time relieving some of the work load of the social agency.

Task forces or councils do not always involve themselves in direct services, sometimes involvement is focused on being a catalyst for the creation of needed services. As you become involved in a community task force, include the parents you work with. Parental involvement in the task force ensures that the resulting services or programs speak to their needs.

Involving Migrant Parents

The migrant parent can play a leading role in developing and implementing the community and migrant program response to child abuse and neglect. Begin by including migrant parents in staff training programs so that a parent can become a member of your training team. A parent can speak firsthand of the stresses that may bring them to the edge of abuse or the strengths that keep them from losing their "cool."

Once you have developed a training/education program, begin educating all of your parents. Use your Parent Advisory Council as the vehicle to reach your parents with the program. Offer it frequently, including in the presentation your status as a mandated reporter (if that is the case in your state). Emphasize that abuse is a problem which can be solved and that your program can help them find a solution.

Encourage your Migrant Parent Advisory Council, local or state, to consider sponsoring teaching days for other parents. Given guidance, parents can contact speakers, decide on the audience, and the content of the program. When an activity is organized by parents, other parents are more likely to take advantage of it. The topic of a teaching day should not be confined to information about child abuse, but also focus on parenting skills, anger reduction, and stress management. Seeing the growth in self-confidence in parents who undertake such a project, and succeed at it, is an added bonus.

Developing a Migrant Task Force

The New York State Migrant Programs Consortium has taken the task force approach a step farther. The Consortium, composed of staff members from all migrant programs across the state, appointed a Migrant Task Force on Child Abuse and Neglect. The Consortium initially charged this task force to determine the role of migrant educators in the state in responding to child abuse and neglect.

The task force began by ascertaining the legal aspects of the migrant educator's involvement. This effort, which included meeting with state education department personnel, state child protective services staff, and legal counsel, resulted in the

determination that migrant staff members were mandated reporters. The task force wrote a child abuse and neglect reporting policy for New York State migrant educators to provide proper information to teachers, parent educators, and administrators so they could fulfill their legal obligation. The policy was adopted by the Consortium and is followed by all migrant programs across the state (see Appendix B).

The next job of the task force was to organize a training program for migrant staff. The first training session, attended by two people from each migrant center, was presented by the trainers from the Cornell University Family Life Development Center's Child Protective Services Training Institute (CPSTI). Subsequent trainings have been done by state task force members.

The purpose of these sessions was to train designated staff members from each center to be sufficiently aware of all aspects of child abuse and neglect so that they could train local staff and assist in the case reporting procedure when needed. Each trainee was given an instructional film strip, booklets, and resource materials to use as training tools.

The task force also plays an advocacy role by monitoring pending legislation and supporting those bills which will benefit children. In addition, members address issues which arise at centers across the state. Their activities range from answering questions about local case handling to encouraging personnel when a report of abuse must be made.

In the past year, the Migrant Task Force was voted membership in the New York State Federation of Task Forces as a minority group representative. This provides a statewide platform for increasing understanding of the migrant family, an opportunity to gain support for migrant specific issues, and access to educational resources and legislative clout.

We are now able to network with people in all parts of the state and have been introduced to many agencies and services. This helps ensure continuing services for our migrant families when they move within the state.

Community Services

The community services available to migrant families vary greatly. Educators should be aware of the following types of services. They may be available in your community and can provide a helpful resource to a family in need. It is also possible that your migrant program may be able to offer some of these services to families.

- **Self-Help Programs**

Parents Anonymous - a self-help group for parents who have maltreated or feel they may maltreat their children. P.A. chapters or groups meet on a regular basis to give parents support and insight into how to handle problem situations. Between meetings each parent has a sponsor and chairperson who can be called for help at any time. (Some P.A. groups have professional supervision, others do not. See "Resource Directory" for further information.)

Parents United/Daughters and Sons United - groups composed of individuals who have been the perpetrators or victims of sexual abuse. There are a variety of activities including group discussions and community outreach. (See "Resource Directory" listing under the Institute for the Community as Extended Family.)

- **Support Services**

Parent Aides - trained lay persons who visit families in the role of family friend on a regular basis. They provide a positive role model while giving the abusive parent(s) a chance to express feelings of anger, frustration, and often fear. Very often, the parent aide is the nurturing mother the abusive parent never had. Parent aides should be aware of available resources and how to respond to crisis situations.

Public Health Nurses - the public health or visiting nurse reaches out to isolated families who frequently cannot reach other health care services. He or she can provide a role model much like the parent aide and also assist with health care. If the public health nurse is supportive and caring, rather than judgmental, parents will usually accept instruction in child management and health care. The nurse also provides social contact to families who are geographically and socially isolated and can be a liaison between the family and other agencies. Over time a much needed trust relationship can evolve, alleviating some of the loneliness an abusive parent feels. The public health nurse also sees families on a long term basis and can assess their progress in controlling the formerly abusive situation.

Homemaker Services - homemakers who work with mothers who did not have positive role models during their formative years, and who are often overwhelmed by the work of managing a home and a family. To be most effective this service should be a shared learning experience during which the homemaker tactfully teaches the parent home management and child care techniques. This individual, too, provides a break in the loneliness and isolation so characteristic of the abusive family and offers another connection between the family and community services.

- **Child Care Services**

Several child care services are particularly helpful to those abusive parents who can improve their parenting if they can have time away from the role of sole caretaker of their children.

Crisis Nurseries - the crisis nursery exists in a limited number of places but is a most valuable preventive service. A crisis nursery is available 24 hours a day, every day. Parents can take their children there whenever life's pressures get too much and the potential for abuse is greatest. Such a nursery could be affiliated with a hospital and utilize volunteer staff.

Day Care - not meant solely to address the problems of the abusive parent, the day care center can offer the release the parent needs. Some day care centers require parents to help with the daily program on a regular basis. Such a requirement gives parents the opportunity to observe appropriate child care methods.

The facility in which a child is placed should be carefully chosen. The program should be educational in nature and not simply custodial. One should check with the responsible governmental agency to see that the center meets all physical and staffing standards. Parents should feel free to stop in at times of their own choosing to observe the program and type of care their children are receiving.

Parenting Education Programs

Americans go to school to learn how to do just about anything. But, never has there been a concerted effort to teach parents how to be loving, nurturing parents. We are taught how to diaper and bathe babies but not what to do with them after we take them home at age four days. What an unfair burden we place on the majority of adults! We are quick to criticize someone for noisy, unruly children but slow to offer a means of learning how to parent.

A number of programs that teach parenting skills do exist with varying degrees of availability through community resources. Community organizations, such as child abuse and neglect task forces, should sponsor regular free courses in parenting with opportunities for continuing support groups to reinforce the techniques learned and to share successes and failures.

All these recommendations for programming may seem overwhelming–something else to fit into a crowded day. But remember, everything does not need to be done at once or by you alone. The first time I saw a badly burned

child I felt great frustration and anger. As the years have gone by and teachers, program directors, and concerned parents have shared the burden of spreading the word and caring for children, the load has lightened. Others will join you in your efforts. As you see children and parents benefit from the work you do, it will all become worthwhile. If you change one child's life for the better, you will be repaid ten-fold.

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Suggested Resources

Child Sexual Abuse Prevention Project: An Educational Program for Children - A curriculum for elementary and secondary teachers to teach children more about protecting themselves. For more information contact: Sexual Assault Services, Hennepin County Attorney's Office, C-2000 Government Center, Minneapolis, MN 55487.

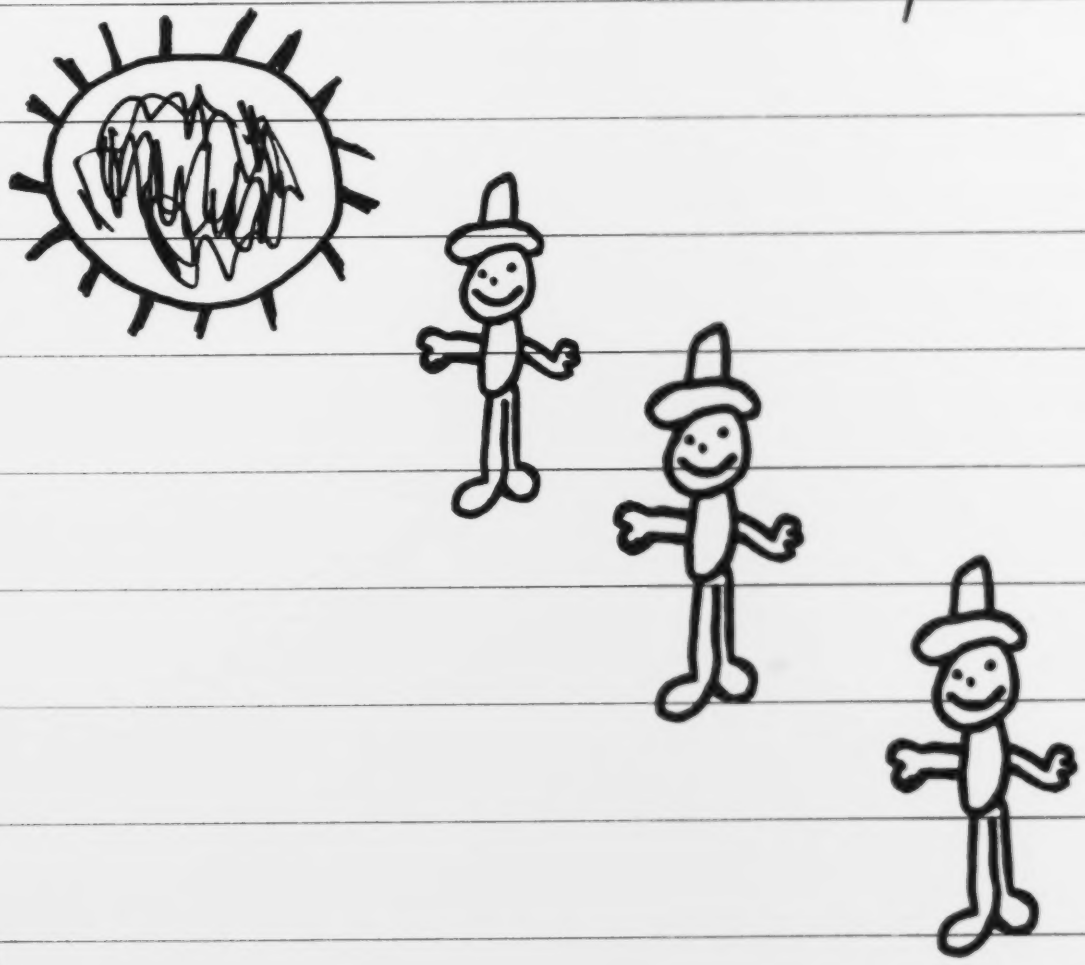
Exploring Childhood - A curriculum for teachers that encourages the study and discussion of parenting and child growth while providing a framework for understanding the forces that shape human development. Contains Teacher's Guide, training materials, and audiovisuals. For more information contact: The Education Development Center, School and Society Programs, 55 Chapel St., Newton, MA 02160.

Exploring Parenting - A program designed to help parents become more aware of the parenting skills they possess, to enhance those skills, and to expand the choices which parents have in their parenting roles. Prepared for Head Start Bureau, Exploring Parenting was adapted from the Exploring Childhood program developed by the Education Development Center. For information about the availability of Exploring Parenting, call your local Head Start Program listed in the white pages of the telephone directory.

Chapter 6

The Children's Story:

A Historical Perspective



Chapter 6 - Highlights

Child maltreatment is not a recent phenomenon. Children have historically been victims of:

- infanticide
- abandonment
- mutilation
- physical abuse
- sexual abuse

Children have the right to be protected from harm, yet:

- that protection is not always available
- an estimated 652,000 children are maltreated each year
- the number of reports to child protective services increased 123 percent nationally between 1976 and 1982
- recent "pro-child" attitudes have yet to be translated into policies and programs which protect children and support families

CHAPTER 6

The Children's Story: A Historical Perspective

by Rebekah Dorman

The story of how children have been treated over the centuries by parents and other adults is not a pleasant one. This children's story is filled with brutality and cruelty and does not, as yet, have a happy ending. Children have been abused and neglected throughout history and maltreatment continues to be a prevalent problem in today's world.

Yet, the continuation of cruelty to children into our own era should not be viewed as a simple continuation of the behavior of the past–though the behaviors themselves may be similar–the reasons for them are quite different. A historical perspective on this problem helps us understand why maltreatment has occurred throughout history, why society began to take an active role in protecting children, and what work remains to be done.

Historical Overview

A major change has occurred in the way we think about and treat children. Children are no longer regarded as laborers or possessions, they are considered human beings in their own right, and therefore deserving of humane treatment and legal rights. Based upon those ideas we now give meaning to the term "child maltreatment."

These concepts would be meaningless to people as recently as two hundred years ago. What we consider to be maltreatment today occurred openly throughout history, and was not regarded as inappropriate or harmful to the child.

Historical accounts of maltreated children date from ancient Greece and include infanticide, abandonment, mutilation, sexual abuse, and physical abuse. The extremely cruel treatment of children in Western civilization over the ages was based on the belief that children have no rights as human beings, but are subject to the absolute power and authority of adults. One example of the most extreme form of this belief existed in ancient Rome where children were considered to be the possessions of their father who had the right to sell, abandon, sacrifice, or kill his offspring. Infanticide was common in many societies throughout history and was more likely to occur when the child was illegitimate, female, closely spaced to other siblings, handicapped, or an economic burden. In other words, children were seen as expendable if, for any reason, they did not suit their parents.

Physical abuse of children over the centuries was justified by the belief that severe physical punishment was needed to maintain discipline, to educate, to expel evil from the child, or to please certain gods. The notion that children should be controlled and that beatings were in some way "good" for a child resulted from religious teachings which emphasized that the evil nature of the child must be cast out. Numerous historical records suggest that nearly all children were beaten prior to the seventeenth century. Whips, canes, cat-o'-nine-tails, and rods were frequently used, illustrating the severity of the beatings a child could expect. Even royalty did not escape–Louis XIII of France received regular whippings each morning from the age of two.

The notion that prior to puberty children were unaware of or indifferent to sex, and the idea that children were used to fulfill the needs of adults, both contributed to the widespread occurrence

of sexual abuse. These two attitudes allowed adults to take sexual liberties with children, harboring no guilt, and with the sanction of society. Historical records suggest that sexual abuse was a widespread practice from ancient times. Males and females were abused and according to one historian, "playing with children's privy parts," was a widespread tradition.[1]

Children in America

There is evidence that children fared better in colonial America than did their European counterparts and there are several reasons for this. The hardships of life in the young nation meant children's economic contributions were important. Children were expected to assume household and farm chores, and care for siblings as soon as they were able. An abundance of land and opportunity meant that inheritance was not a problem in America as it had been in Europe. Finally, the sparse population of the land created an attitude that was pro-procreation; children were valued for they represented increased population for the struggling new nation. Thus, abandoning children was rare in eighteenth century America; it was still frequent in England.

Another important shift in attitude was beginning to appear in eighteenth century American parents. Children were no longer viewed as inherently evil, but as very impressionable, with the potential to become wicked if not properly raised. Physical punishment, often severe, was relied upon to discipline and ensure that a child did not become "wild." Shaming children and frightening them by sending them into dark closets or telling them frightening stories were also used to keep children behaving properly.

By the nineteenth century, manuals for parents discouraged frightening children, tying them to bedposts, sending them to dark closets, and using the rod, evidence that attitudes toward childrearing and children were becoming more benevolent. During the early 1800's various laws were enacted to protect neglected children by placing them in almshouses, however, no agencies were designated for finding these children.

During the late nineteenth century, a demographic shift was occurring so that adults outnumbered children. This population change made it easier to see children as a distinct population, having special needs which were different from the needs of adults.

The Child Protection Movement

In 1874, the story of Mary Ellen Wilson, an abused and neglected child, appeared in the New York Times. Discovered by a woman doing charity work, Mary Ellen's cause was taken up by the Society for the Prevention of Cruelty to Animals because several child welfare institutions would not act on her behalf. Later that year, the lawyer who represented Mary Ellen, Elbridge Gerry, organized the Society for the Prevention of Cruelty to Children.

The case of Mary Ellen is considered a landmark in the development of the child protection movement in the United States since it was the first case of child maltreatment met by legal action on behalf of the child. It is worthwhile to note that the first initiative to protect children came from private organizations–the federal government did not take an active role for another 35 years.

The establishment of the Children's Bureau in 1912, was the first major event in the development of child welfare services in the United States and represented the first congressional recognition that the federal government had a responsibility for the welfare of children. The establishment of the Children's Bureau came as a result of lobbying led by Lillian Wald, a well-known child advocate. She introduced the idea into reform circles and proposed the idea to President Theodore Roosevelt. The time to establish such a bureau was ripe because, as she put it, "intelligent interest in the welfare of children was

becoming universal."[2] The Bureau's main function was legislative advocacy–and early efforts focused upon child labor laws and maternal and infant mortality.

During the 1920's, the goal of child protection began to change. The original aim of private anti-cruelty societies had been to rescue the child from the home and punish the parents through legal prosecution. However, as social workers began to take over the work of child protection, and as the field of social work became professionalized, the goal of child protection intervention changed considerably. The focus of intervention shifted from the child to the family and its goal became the rehabilitation of the family so that the child could remain in the home. The punitive attitude toward parents was disavowed. This has remained the goal of child protection agencies.

In 1935, the passage of the Social Security Act provided the next major step in the federal initiative on behalf of children and families. The act mandated public child welfare agencies to protect and care for homeless, dependent, and neglected children, and was the beginning of federal leadership in programs and resources for vulnerable children. It was also the beginning of providing Black children with the same services as White children. Before 1935, Black children were excluded from institutional services and a range of informal services was developed within the Black community. Attitudes gradually evolved to the general sentiment that Black children deserved the same standards of care as White children and should be cared for by the same welfare system.

Despite these advances for children, abused and neglected children did not receive a great deal of attention for the next thirty years. Social workers and the nation were dealing with the Depression and then with World War II. During this time, the momentum of the child protection movement was lost.

In 1959, the Children's Bureau reported that various advances in radiology and pediatrics were offering evidence that children were being physically abused by parents and other caregivers. However, it is Henry Kempe's speech to the American Academy of Pediatrics in 1961 on the "Battered Child Syndrome," which is generally regarded as the beginning of the recent recognition and activities on behalf of maltreated children.

The first major legislative step aimed at maltreated children occurred in 1974 with the passage of the Child Abuse Prevention and Treatment Act and the establishment of the National Center on Child Abuse and Neglect (NCCAN). It is really only within the last ten years that research, advocacy, legislation, and program efforts have been seriously undertaken on a widespread scale on behalf of maltreated children.

The Problem Today

The maltreatment of children in the past is disturbing, but it is not unfamiliar to us today. All too frequently we hear of similar incidents of abuse, neglect, and molestation. Indeed, the extent of the problem today is still disturbing.

How many maltreated children are there in the United States? No one has a precise answer to that question. All of the experts agree on one point: the number of cases substantiated by child protective services (CPS) is an underestimate of the actual number of cases. The National Study of the Incidence and Severity of Child Abuse and Neglect used CPS data as well as other sources and found that 652,000 children are maltreated each year. That translates into an incidence rate of 10.5 children per 1,000 which is still considered to be a very conservative estimate. Table 6.1 shows the breakdown by type of abuse. When looking at these numbers please keep in mind that each underestimates actual maltreatment levels.

Table 6.1

NATIONAL INCIDENCE ESTIMATES [3]

FORM OF MALTREATMENT	NUMBER OF CHILDREN	RATE (per 1,000)
ABUSE		
Physical assault	207,600	3.4
Sexual exploitation	44,700	.7
Emotional abuse	138,400	2.2
Total all Abused Children*	351,100	5.7
NEGLECT		
Physical neglect	108,000	1.7
Educational neglect	181,500	2.9
Emotional neglect	59,400	1.0
Total all Neglected Children*	329,000	5.3
Total all Maltreated Children*	652,000	10.5

SEVERITY OF INJURY/ IMPAIRMENT	NUMBER OF CHILDREN	RATE (per 1,000)
Probable	102,000	1.6
Serious	411,600	6.6
Moderate	137,400	2.2
Fatal	1,000	.02

*These totals are lower than the sum of categories because a child may have experienced more than one type of maltreatment.

Is the problem getting worse? This is another frequently asked question. And again there is no easy way to answer. We do know that the number of reports to CPS has increased 123 percent nationally between 1976 and 1982. The percentage of reports which, when investigated, are determined to be actual cases of maltreatment has stayed around 40 percent of all reports so CPS is handling more cases of maltreatment. *Therefore it is accurate to say that the number of reports and the number of substantiated cases handled by CPS have both increased dramatically over the past eight years.* However, this is generally attributed to be a result of greater public awareness and better reporting systems, rather than higher rates of maltreatment. It is not possible to ascertain whether these trends also signify, in part, a corresponding increase in the levels of child abuse and neglect.

And perhaps it is not all important to have an exact count of the number of maltreated children. We know enough to be able to recognize that the problem is serious and widespread and merits our continuing attention. Numbers cannot convey the depth of suffering felt by just one abused child. Perhaps the most important fact to be gleaned from these statistics is that the number of known cases of child maltreatment is not decreasing; it continues to be a serious problem which demands our attention.

(Statistics, however, do continue to have an important role in expanding our knowledge with regard to identifying high-risk populations. Migrant children, for example, have been identified by ESCAPE research to be a high-risk population.)

This brings us to the next logical question. If we, as a society, no longer condone this behavior, why does it continue? Clearly, there is no easy answer to that question. There is a legacy from the past in terms of attitudes about physical punishment as a means of discipline. Many people continue to believe that physical punishment is not only appropriate, but necessary, when raising a child. This attitude may encourage the occurrence of physical abuse if the parent carries it to an extreme. (In fact, excessive corporal punishment is one category of maltreatment. A more complete discussion of the etiology of maltreatment can be found in Chapter 7.)

Today we see the problem as being, in the final analysis, a problem which though aggravated by external pressures, is located with individuals and families who for some reason are violating social standards of behavior. Generally, we discuss the problem's cause in terms of the parents' and family's circumstances, rather than cultural beliefs, though the economic conditions, prejudices, and

injustices of society may contribute to the problem.

The fact that child abuse has gone "underground," i.e. is kept hidden by those who perpetrate it, is an important signal that much has changed. The secrecy of child abuse is discussed with frustration by researchers seeking to determine the incidence rate, or service providers seeking to reach out to families in pain. However, from a historical perspective, the fact that social disapproval and legal consequences for this behavior now force it to be kept hidden, demonstrates that we, as a society, have progressed.

Today American society is at a crossroads. We recognize maltreatment as wrong, but it still occurs. We recognize children's right to live protected from harm, but that protection is not always provided.

It is likely that the relative prevalence of child maltreatment in America has decreased over the past two hundred years. If we seek to learn a lesson for our future from our past, it is that society can progress. The quality of children's lives can improve.

Half the battle has been won–we care about children, now we must make sure that our concern is accompanied by action. Therefore, our efforts should be focused on translating our "pro-child" attitudes into policies and programs which protect children and support families.

Selected Events in the History of Child Protection in the United States (1874-1984)

1874 The New York City Society for the Prevention of Cruelty to Children is incorporated. Within five years, similar organizations will be formed in New York State, New Hampshire, California, Massachusetts, and Pennsylvania.

1877 The American Humane Association is incorporated. By 1900, its membership will be comprised of 150 anti-cruelty or humane societies throughout the nation; most deal with both child and animal protection.

1909 The first White House Conference on Children is convened and recommends establishment of a Children's Bureau. The conference is promoted by groups concerned with child labor and maternal and child health.

1912 The Children's Bureau of the federal government is formed to provide leadership and national planning on child-related issues. This signifies the first recognition that the federal government has a responsibility for promoting children's health and welfare.

1920 Child Welfare League of America established. A major goal is setting standards and improving practice in all social services for children. It is now composed of direct-service agencies throughout the U.S. and Canada.

1930 The Children's Charter is drafted at the White House Conference on Child Health and Protection. It states "For every child a home and that love and security which a home provides..."

1935 Social Security Act is passed providing funds for welfare services and child health services. Black children are accorded equal treatment in the welfare system.

1958 Hospital-based child protection teams are established in Denver, Pittsburgh, and Los Angeles. These are the first multidisciplinary teams aimed at the case management of abused children.

1961 Dr. C. Henry Kempe makes his historic address to the American Academy of Pediatrics in which he describes the "Battered Child Syndrome." This sparks the beginning of recent awareness of the problem.

1963 Guidelines for model mandatory state reporting laws are published by the Children's Bureau and the American Humane Association.

1968 All states have enacted some form of law regarding the reporting of child abuse cases to authorities, usually police or welfare departments.

1971 The U.S. Senate Subcommittee on Children and Youth is created. This is the first congressional forum devoted specifically to the concerns of children and youth.

1972 National Committee for Prevention of Child Abuse, a non-profit organization focused on prevention programs, is founded. Their current goal is to reduce the incidence of child abuse 20 percent by 1990.

1974 Following congressional hearings, the Child Abuse Prevention and Treatment Act is enacted, creating the first federal program to specifically address the problem of child maltreatment. The establishment of the National Center on Child Abuse and Neglect (NCCAN) is authorized under this act.

1975 Education Commission of the States receives a grant from NCCAN to explore the role of American education in the identification, treatment, and prevention of child abuse and neglect.

1977 International Society for Prevention of Child Abuse and Neglect is incorporated. The Society produces Child Abuse and Neglect, the only journal entirely devoted to research and policy papers on maltreatment. The Society also holds biennial congresses.

Formation of the National Association of Counsel for Children. Comprised of lawyers representing children and other child advocates, its primary goal is to advance laws affecting children and help establish standards for those who represent children.

1980 The first Children's Trust Fund is established in the state of Kansas. By 1984, 19 more states have established trust funds which draw revenues from a surcharge on documents such as birth certificates and marriage licenses, and/or taxpayers' donations of a portion of their income tax refund. All monies are devoted to establishing child abuse and neglect prevention programs.

1983-Present ESCAPE research documents the high risk of maltreatment in the migrant population. It is the first multistate project designed to deal with the problem of child abuse and neglect among migrant families..

Chapter 6

Footnotes

1. Philippe Aries, Centuries of Childhood: A Social History of Family Life, trans. Robert Baldick (New York: Random House, Inc., 1962), p. 103.

2. Robert H. Bremner, ed., Children and Youth in America: A Documentary History (Cambridge: Harvard University Press, 1971), p. 757.

3. Adapted from U.S. Department of Health and Human Services, Study Findings: National Study of the Incidence and Severity of Child Abuse and Neglect, DHHS Publication No. (OHDS) 81-30325, September 1981, p. 18.

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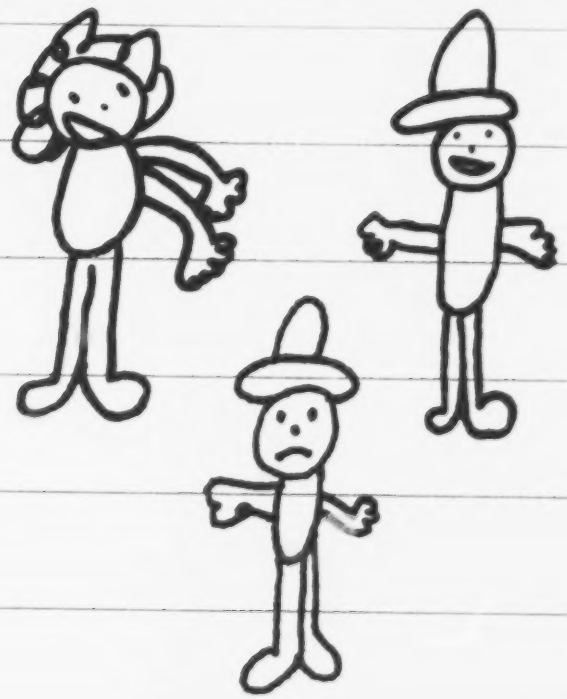
Chapter 7

The Dynamics of Child Maltreatment: Causes and Effects



Chapter 7 - Highlights

There are not just two kinds of parents–those who abuse their children and those who do not. Rather, parenting behavior ranges anywhere from optimal care to maltreatment, with varying degrees of maltreatment. Parental behavior is affected by many factors:

- economic level
- social support
- the marital relationship
- personal characteristics of the parent
- the "fit" between parent and child

Maltreatment affects all of us:

- as children
- as parents
- as members of society

CHAPTER 7

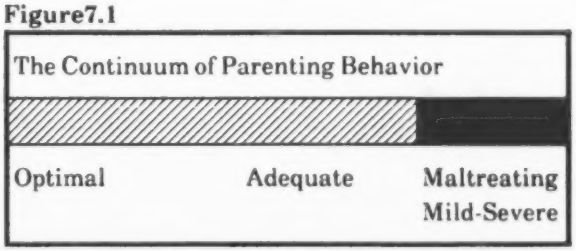
The Dynamics of Child Maltreatment: Causes and Effects

by Rebekah Dorman

Why do parents maltreat children? Over the past twenty years of research and clinical experience we have come to realize that there is no simple answer, and that a great many stressful and supportive factors affect parents' ability to care for their children. Raising children presents many challenges and, depending upon the levels of stress and support they experience, parents succeed in meeting those challenges to a greater or lesser degree.

There are not simply two kinds of parents–those who maltreat and those who don't–rather it is more accurate to think of a continuum of parenting behavior ranging from the supportive nurturing parent who provides "optimal" care to the adequate parent who is minimally succeeding to, at the opposite end of the continuum, the maltreating parent whose behavior falls below the minimum standard of care set down by law.

Figure7.1



Happily, most parents do meet the challenges of parenting in a relatively successful way. Unhappily, many parents do not. Through research and clinical studies a number of factors frequently found in abusive families have been identified and are referred to as "risk factors" (i.e., increase the risk that maltreatment will occur). However, though we are able to identify major types of risk factors, we are not able to accurately predict whether or not a parent will maltreat a child. The same factor or combination of factors is not present in all maltreating families–the dynamics of each family varies. And, though a family may possess several risk factors, this does not mean that maltreatment is inevitable; the family may also have several areas of strength which help it function positively.

Parents in Context

When the cause of child maltreatment was first discussed, the personality of the parent was the major focus of attention. Now it is recognized that though the parental personality characteristics are indeed very important–many forces or stresses within and outside the family affect parents' ability to function.

> *I noticed as the years went on and there were financial pressures and marital pressures, any kind of external strain, I would feel that same rage. I realized that I could hit my children, but I had to keep myself from ever doing that...because of my background, I am the kind of person, who, if I allowed that kind of discipline, it could get out of hand.*[1]

Stress may originate in society at large, the community, the workplace, the neighborhood, or within the family itself. Support, too, may also flow from those sources, but in this chapter we turn our attention to how families are negatively affected and examine the risk factors associated with maltreatment.

Although we separate out the various sources of stress in order to describe the impact of each on the quality of care which the parent gives–in the real world

clusters of these risk factors tend to be naturally linked. A parent confronting one of these conditions tends to confront others as well .[2] The migrant parent is, unfortunately, an excellent illustration of this. Poverty, social isolation, unemployment, and poor living conditions are frequently aspects of the migrant lifestyle.

Economic Stress

Since child protective services began to handle maltreatment cases, low income families have been very over-represented in their caseload. Though only a minority of poor families are involved, some researchers have contended that this is an inaccurate picture of reality, discriminatory towards the poor. They attribute these statistics to negative attitudes about poor people and to the fact that poor families are more likely to be subjected to public scrutiny through contact with social and legal agencies and, therefore, more likely to be reported. It is possible that middle class families find it easier to hide maltreatment because of their position in society–and it is true that maltreatment does occur in higher income groups. However, the evidence is strong that poor parents are more likely to maltreat children. Even within the lower income group, the degree of poverty is related to the risk of maltreatment. Simply stated, this means that the poorer the family, the greater the chance of maltreatment occurring. Children who die because of maltreatment, a difficult fact to hide, are much more likely to be from low income families.

Accepting these statistics as real evidence that poverty is related to child maltreatment means that we need to examine the experiences associated with poverty which affect the parent.

Poverty-related conditions include poor living conditions, often crowded and unsafe; insufficient money for food, clothing, and recreation. The poor parent unlike the more affluent parent can never be careless or irresponsible with money, for in the poor family this indulgence results in dire consequences.

> *The less money one has, the better manager of money one has to be.*[3]

The stresses of poverty have psychological effects upon parents. There is a constant set of worries to contend with that may be life-threatening, and there are few opportunities to relax or enjoy oneself, because of limited money for child care and for leisure activities. Yet at the same time, without some small rewards, it is difficult to continue living a generally deprived existence. These families are caught in a bind.

Poverty produces another dilemma involving proper supervision of children. Frequently the mother is working outside the home. There is little money available for child care. Therefore, if a friend or relative is not nearby to provide free care, nor an affordable child care center, the parent is faced with few alternatives. The result is that children are often left unattended or with older siblings who, themselves, should have adult supervision. The hazardous conditions which exist in the housing of the poor–unrepaired hazards, poor sanitation facilities, and so on–mean that the unsupervised child is at even greater risk of being injured than a child in safer surroundings.

Social Isolation

Social isolation is a frequent characteristic of the maltreating family, particularly one which experiences other stresses such as poverty. Isolation from informal and formal sources of help, particularly for the stressed family in need of assistance, exacerbates the parents' level of stress. Support comes in many forms–emotional, financial, informational–and with support, stressed parents may be able to find some relief for their difficulties. Social support from informal networks of family and friends and from more formal sources such as social service agencies, is generally found

in those "high-risk" families who do not maltreat their children. Talking with others, by phone or in person, allows information to be exchanged, feelings to be discussed, advice, words of encouragement, and jokes to be shared, and at the most basic level–human contact. Through the formal avenues of service agencies, child care arrangements can be found, food can be obtained, medical care and mental health programs can be located. Isolation, on the other hand, not only precludes assistance, it may be stressful simply not to be in contact with others.

Social isolation may result from the inaccessibility of support systems, particularly true for rural families who may lack both telephone and transportation. It is also possible that social isolation is a manifestation of the parents' self-isolating style of living and the tendency to avoid relationships with others. Adults who were abused as children (a widely recognized risk factor) find it difficult to reach out and trust others–an example of how one risk factor leads to another and creates multi-problem families.

Employment and Unemployment

The stresses which are associated with a job may impair the adult's ability to function within the family. On the other hand, the rewards of working–financial, psychological, and social–may allow one to perform better as a parent. But, what about the loss of a job? Recently, as unemployment levels rose appreciably, levels of maltreatment took a similar turn upward. The relationship of job loss and parents' behavior was examined, and the data indicate that unemployment should be considered a risk factor.

Job loss related to economic conditions or poor company management provides a clear example of how external conditions not under the control of family members influence the internal functioning of families.

The stress generated by unemployment is most obviously economic, and low income families possessing limited cash reserves and assets are destined to be hardest hit. And, the self-esteem and socializing which are also components of working, represent a psychological loss. Men, socialized to attach their worth primarily to the breadwinner role, may be hardest hit psychologically, and there is some evidence that the increase in abuse associated with unemployment is largely attributable to the unemployed fathers. Because a woman's role as mother is emphasized in our society, even women who are unemployed heads of household may retain more self-esteem and may have more access to support.

One social worker from an area hit hard by unemployment observed:

> *Typically, the new child abuser had himself been abused as a child. But now, out of work for the first time in his life he has begun abusing his children for the first time. "I'm stuck here all day, and sometimes that feels like I'm in prison... If I was a woman, I could at least go next door and talk to another housewife. But being a man I stay inside all day."*[4]

For many men, the increased time spent at home means that contact with children is greater than ever before; unfortunately, this increased interaction comes at a time when it is likely that the father feels frustrated, tense, and impatient.

The wife of the unemployed man often feels the stress acutely–through the strained marital relationship, and indirectly through the strained relationship which develops between father and children.

Characteristics of the Maltreating Parent

The personality of the maltreating parent is no longer viewed as the only important predictor of maltreatment, but it remains the best predictor of poor parenting. In more affluent families experiencing less

stress from other sources, it is likely that the abusing parent's personality is the major factor leading to maltreatment. In families experiencing a variety of stresses, it is very difficult to make such a judgment.

In the past of most maltreating parents there was a childhood of maltreatment. Victimized by their own parents, deprived of love and nurturance as children, it is nearly impossible for them to grow up and give warm supportive care to their own children. We are not born able to love–that ability is developed first and foremost through the parent-child relationship. These parents, therefore, come to parenthood with many unfilled childhood needs for love and nurturance.

The poor models of parenting behavior presented by their parents also negatively affect their ability to parent. The most visible models of parental behavior are our own parents. Without thinking we are inclined to imitate them. For most of us, it is not uncommon to say or do something and then think–"that was just the way Mom or Dad did it." For the children of maltreating parents, this realization may be chilling–it means they have begun to abuse.

The potentially abusive individual with a negative childhood history is unlikely to have received any therapy or counseling prior to parenthood. Recognition of the problem of abuse and neglect and reporting laws probably occurred too late to help these individuals. Even today many cases go unreported, and treatment for the children is not provided in every case.

Often, the maltreating parent expects to be loved and cared for by the child. This phenomenon, called "role reversal" because the parent and child roles are reversed, occurs because the parent is still hungry for parental care. The parent thinks about his or her needs, but not the needs of the child. The parent expects to be comforted, not give comfort.

These expectations are obviously unrealistic and an abusive parent may strike out at the child. Neglecting parents do not strike out aggressively but are often described as chronically depressed and apathetic. Both abusive and neglectful parents find it difficult to empathize with the child–a crucial ability needed when caring for a child. There are also, in many cases, unrealistic expectations regarding the child's development. Some parents expect developmental milestones–toilet-training in particular–to occur well before the normally expected age. Others don't understand that infants need social interaction from the very beginning. These distorted perceptions are related in part to an ignorance of developmental norms–however, it is significant that in most cases, information on child development is not sought out.

Low self-esteem and feelings of worthlessness are also prevalent among maltreating parents. Extremely self-critical, they may interpret their children's cries as another example of their failure.

> *His screams reminded me of my own screams as a kid. I wanted so much to do the right thing, but I was failing just like I did when I was a kid. Failing to make my parents love me, be proud of me, or even like me.*[5]

Alcohol or drug use plays a destructive role in some families. Serious mental illness (most commonly schizophrenia) is the reason for maltreatment in a minority of families. Mentally retarded parents also account for some cases of maltreatment, though again, a relatively small number.

The Marital Relationship

The husband-wife relationship is, ideally, the most immediate source of mutual support in raising children. In female-headed families, lack of a consistent and supportive male figure can lead to a high risk of child maltreatment. In families which do contain both a mother and father figure, a poor marital relationship characterized by dependency, discord,

and/or violence may increase the likelihood of maltreatment. Immaturity, low self-esteem, and emotional need–the same personality characteristics which make the parent-child relationship more difficult to navigate–are also likely to be reflected in the parents' choices of similarily troubled partners, resulting in destructive relationships and dysfunctional family systems.

The Child's Role

> *I started abusing my boy because he was an accident and a screamer. When he was four months old, I hit him so hard my engagement ring carved a deep bloody furrow across his soft face.*[6]

For some parents, feeling unable to cope, the normal, everyday needs and behavior of infants and children are simply overwhelming. In many abusive families all children are victims. However, in some families one child will be abused or neglected more severely than his or her siblings and in other families only one child is victimized while siblings receive adequate care.

Within all functional and dysfunctional families the parent-child relationship varies because, like any social relationship, it is shaped by the characteristics of each individual and how these characteristics "fit" together. For example, the parent who desires a cuddly baby may be disappointed by one who is stiff and a "non-cuddler." On the other hand, that same baby may be viewed very positively by the parent who perceives the child as "independent" and values that trait. In some cases the "misfit" between a parent's characteristics and a child's characteristics will result in maltreatment. For example, sometimes bright inquisitive children are the targets of maltreatment because this normally admired trait is threatening to a parent with little education and low self-esteem. Because the parent does feel threatened, he or she, often not understanding why, finds it especially difficult to care for the child. The child who is the product of an unwanted pregnancy perhaps illegitimate or closely spaced to the previous birth, or the child born after a physically difficult pregnancy, may be perceived negatively even before birth. Sometimes the child will resemble a disliked person–self, husband, mother–or be the "wrong" sex and suffer because of that. Therefore, it is not the child's characteristics or the parent's characteristics which determine the quality of their relationship. Rather, how the parent and child "fit" together is the crucial factor.

The Atypical Child

There are clearly some infants and children who are more difficult to care for because of temperament, illness, or handicap and the normally challenging task of parenting is made more difficult. For some parents on the edge–the demands of these children exceed the parents' ability to give. With an easier child it is possible that abuse would not have occurred.

There are no conclusive statistics on the percentage of maltreated children who displayed a diagnosable mental or physical abnormality prior to maltreatment. The evidence does suggest, however, that these children may be over-represented among all maltreatment cases. The highest estimate of maltreated children with a prior physical handicap, mental impairment, or biological problem is 25 percent.

Sexual Abuse - A Different Kind of Maltreatment

Sexual abuse is a different kind of maltreatment. Unlike physical abuse or neglect, it is not related to the demands or stresses of childrearing. It is the most recently "recognized" form of maltreatment and the least studied.

Sexual abuse is a term which refers to a wide range of behaviors including fondling, voyeurism, exhibitionism, oral-genital contact, vaginal and anal

intercourse. It used to be considered a relatively rare occurrence perpetrated by strangers–the "dirty old man," "the flasher in the trench coat," were the popular images. In stark contrast to that notion stands the facts as we now know them:

- Approximately 70-80 percent of molested children are abused by someone they know–parent, relative, neighbor, or other trusted individual.
- In at least half of these sexual abuse incidents (approximately 35-40 percent of all cases) it is estimated that the perpetrator is a family member.
- Within the family, the father or step-father is the most likely perpetrator.

Despite this new recognition of the high rate of sexual abuse with family member as perpetrator, there is little question that the child is at considerable risk for sexual abuse by someone other than a parent. Most of the *habitual* sex offenders who victimize children are fixated pedophiles. Because of their deviant sexual development, children rather than adults are their preferred sexual partners.

In nearly all cases, the sexual abuser is male and the majority of victims are girls–though boys, too, are victimized. This, again, is a difference from other types of maltreatment in which males and females are nearly equally represented in both perpetrator and victim status. Victims of sexual abuse have been as young as four months old, however the average age for the sexual abuse victim is ten.

Physical violence rarely accompanies sexual abuse, and is not needed in most instances, to extract compliance from the child. Unfortunately, children are easily victimized. The abuser is usually known and trusted by the child. Furthermore, children learn to comply with authority and are fearful of threats, or, they are susceptible to bribes and promises of reward. Finally, children are curious and often naive about social and sexual norms, making them vulnerable to the adult's "explanation" for the incident.

Types of Sexual Abuse

The dynamics of sexual abuse vary depending upon the abuser's relationship to the child. Let us consider each type separately. Sexual abuse by a stranger is usually limited to a single incident and is most likely to involve exhibitionism or fondling. Because the abuse is short-term and since the child is not emotionally attached to the abuser, the impact of this type of incident is likely to be minimal–if the legal process is handled sensitively; if the parents rally to support their child; and if parental anger is directed at the perpetrator and not the child. The impact of the incident is, however, more serious if the child has been aggressively assaulted and hurt. Fortunately, the well-publicized cases of sadism or kidnapping are relatively rare.

When the perpetrator is known to the child, particularly when he is a family member, the situation is likely to be more difficult to resolve. The emotional tie and trust relationship between abuser and child creates a feeling of betrayal for the child, and continued access to the child means that the abuse is likely to occur for a longer period. If and when the abuse is discovered by parents or, in cases of incest by the nonoffending parent, their reaction is again very important, either supporting the child and minimizing the effects or adding to the shame, guilt, and betrayal she already feels.

Incestuous sexual abuse, perpetrated by father or step-father, is the most potentially damaging situation for the victim and for the family as a whole. The reasons that a parent begins to sexually abuse his child are complex. Sexual gratification, as in all cases of sexual abuse, is the obvious but not the only motivation.

Contrary to popular images, the incestuous father or step-father is not generally aggressive and highly sexed. Many are weak and ineffectual,

possessing a negative self-concept. Through his abusive behavior, then, he gains a feeling of power and control. An unhealthy marital relationship filled with resentment may lead to the father's redirection of sexual attention to his daughter. In most instances, the father usually prefers an adult partner but under stress and possessing poor impulse control he deviates in his sexual behavior. Justifications used by men have included "furthering their child's sex education," or "it is the way love and affection are expressed in our family."

Some clinicians view incest as a symptom of general family dysfunction where the roles of wife and daughter have been confused. Family isolation, overcrowding, and alcoholism are also cited as contributing factors in some cases.

There is continuing debate regarding the role of the mother in perpetuating the incestuous relationship. The best available evidence suggests that in many cases, perhaps the majority, the mother is aware the abuse is occurring.[7] In some families the mother may be content to have her daughter(s) fulfill her role, allowing her to abdicate her position as wife. In other families, the mother may be so financially and/or emotionally dependent upon her husband that she will not challenge his behavior. In either family situation, if the mother herself was victimized by sexual abuse or another form of maltreatment, she may be so personally ineffectual, possessing a "victim" mentality and low self-esteem, that she is unable to protect her daughter(s) even though she does not want them to be harmed.[8] Incest may therefore continue for an extended period of time and may eventually involve all daughters in the family. Frequently the father begins abusing the eldest and then continues with her younger siblings.

Mothers who do not know of the incest–and then discover it–will experience shock initially, and then extreme guilt because of their child's ordeal. And, in most cases, an extreme sense of betrayal is felt toward the offending spouse.

If the abuser is someone other than a parent, the parents may feel guilty that they did not protect their child properly, particularly if the abuser was left in charge of the child's care. In some instances, inadequate supervision may have made the child an easy mark for the abuser.

Effects of Maltreatment

Understanding the problem of child maltreatment requires going beyond the causes to examine the toll that abuse and neglect take upon children, parents, and society. The goal of societal intervention is to stop the maltreatment–but the effects of abuse remain long after the last bruise has healed. Because adolescents and adults with a history of maltreatment may act out in violent and antisocial ways, it is not an exaggeration to say that the problem of maltreatment affects us all.

Impact on the Child

The maltreated child grows up in an environment lacking key elements: warmth, trust, security, and encouragement. There is great variation in the way that children react to maltreatment. The severity of the child's reaction and the aspects of development affected are related to the type of maltreatment inflicted, the severity of the maltreatment, the child's relationship to the person who perpetrates the behavior, the overall environment of the child, characteristics of the child, and the quality of societal intervention (if any).

The effects are likely to be worse if (1) the maltreatment is severe (2) it is long-term (3) it is perpetrated by a parent (4) the overall environment of the child is unsupportive and/or unstimulating (5) the child is particularly vulnerable because of personality or intellectual characteristics (6) the child receives no therapeutic intervention or therapy

which is of inadequate quality or duration.

A single incident or short-term maltreatment perpetrated by someone other than the parent is likely to have a minimal impact upon the child–particularly if the parent rallies to the child's defense against the perpetrator and the child has little (if any) emotional bond with the perpetrator.

The impact of the maltreatment may also be less negative if other aspects of the child's environment are supportive of development. For example, a home in which, despite abusive behavior, the child's school achievement is encouraged and rewarded provides an "oasis" in an otherwise desolate environment. Sometimes the presence of a caring adult in a child's world will make a difference–as in the case of Peggy.

> *Peggy had been abandoned by her mother to live with an elderly aunt in early childhood. In the first five years, she received warm, loving care which imbued her with a caring for others and for the world which are rare to see in one whose life has, for the most part, been characterized by profound deprivation.*[9]

Maltreated children can be helped through therapy, and in more extreme situations, placement in a foster or adoptive family. The healing process is a slow one, and in some instances, the child remains seriously affected. In many cases, though, the child makes remarkable progress so that developmental delays are diminished or disappear; personality and behavioral abnormalities are muted. Unfortunately, many maltreated children do not receive treatment. Placement in special education classes for educational or emotional impairment is frequent, though the child's family history may not always be recognized.

The Personality of the Maltreated Child

Personality characteristics of maltreated children develop as a result of the deficits and dangers within their environment. Though abuse and neglect are very different forms of maltreatment, abused and neglected children do display similar types of abnormal behavior.

Maltreated children exhibit extremes in behavior–aggressive and destructive or passive and withdrawn. The same child can, in fact, express both types of behavior at different times.

The aggression of abused children can be traced to the fact that they imitate and identify with their parents' violent behavior. In neglected children, the cause is not so obvious. It may be attributable to the fact that lacking parental warmth and control, these children do not learn to inhibit the natural aggressive impulses present in all children. Though not conclusive, research suggests that, as one would expect, abused children as a group display more aggression; neglected children tend to be more withdrawn and listless.

Both abused and neglected children have very negative self-concepts and think of themselves as bad, deserving maltreatment. Abusive parents overtly communicate their anger at the child; neglectful parents communicate their apathy. Children first and foremost develop a sense of self from parental reactions. Abused children internalize the maltreating parent's concept of him or herself. The child has no other self-image to combat it. The behavioral and intellectual problems which the maltreated child is likely to develop later only serve to reinforce his or her already low self-esteem. There is a self-fulfilling prophecy at work–treat a child as bad or worthless and the child will believe it. Give the child no reason to succeed and he or she will fail.

Social Relations

Maltreated children are fearful and distrustful of the world–it is a hostile place which is unconcerned with their needs, they learn through their parents' actions. In many cases abused children have learned to hide their feelings of fear and pain from others. Through therapy, however, these feelings can surface. Clinicians have observed two general types of abused children–those who attempt to please their parents and who "buy into the system" of extraordinary expectations and at the other end of the spectrum, those who are extremely oppositional and provocative.

Those children who try to please are often "hypervigilant" always observing adults' moods, facial expressions, and behavior, trying to read the behavior and comply with it. Some clinicians have referred to the "chameleon" nature of some children who constantly adjust their behavior to changes in the environment in an effort to blend in. They have learned this strategy to try to avoid provoking violence from their parents.

Superficially, these children appear extremely mature–they are compliant and extremely solicitous towards adults. However, it becomes evident as one observes them that the maturity is not real–but an attempt to please. It is sometimes obviously abnormal. For example, the infant who remains absolutely still during a diaper change–or the two year old constantly asking her mother if she can bring her something. In older children it may be more difficult to discern. It may take some time, for example, before a teacher begins to wonder whether that quiet solicitous child always ready to help and conform is a victim of abuse.

Pseudo-mature solicitous behavior seems much more adaptive to the abusive environment than the provocative oppositional behavior manifested by some children and it is not clear why a child develops in one way and not the other. Based upon his work with abused children, Dr. Harold P. Martin has offered some observations on this.

In some instances the provocative behavior of children in abusive families seems to be an expression of aggression through identification with the aggressor. Indeed, some of the abusive parents erratically support and reinforce aggressive behavior in such children, while responding to it with physical punishment at other times. In other instances, especially with the younger child, it seems that the provocative behavior may be the most ready method the child has of getting some attention from the parents. It is as if the child may be equating punishment with love.[10]

Both abused and neglected children have ambivalent feelings toward their parents. Despite anger and hostility, they may still remain attached to them and, if placed in a foster home, find the separation from the parent difficult.

The parent-child relationship is the model for all social relationships and the child is therefore ignorant of how to behave in a positive functional relationship. Relationships with peers are likely to be troubled.

The Sexually Abused Child

The victim of sexual abuse usually feels shame and guilt. Because of societal attitudes toward sexual behavior, her reaction may be worsened by the attitudes of those who surround her when the abuse is discovered or when she realizes that the abusive situation is not normal. Since educating children about sexual abuse is so recent, many victims ignorant of sexual norms may initially feel confused about the behavior, especially since the perpetrator is reassuring them that it is not wrong. Some aspects of the experience–the physical stimulation or the attention–may have been pleasurable for the child and reinforce guilt feelings. Feelings of self-loathing, shame, guilt, will be stronger in older children who, like all maltreated children, blame themselves for the abuse and understand

the implications of the incest. Young children too, can be made to feel shameful and guilty if others communicate those emotions to them and imply that they are somehow to blame. Victims of all ages may find it difficult to perform in school or relate to peers because of these feelings.

In young children regression to earlier behaviors such as thumbsucking or bed-wetting is a common reaction. Problems with sleeping or eating are also common responses. Some will retreat into a fantasy world.

Low self-esteem is also common among sexual abuse victims and they are over-represented in special education classes for the emotionally impaired. Some sexual abuse victims develop psychosomatic ailments.

Anger and betrayal are felt towards the abusing father. Sometimes an older sister mistakenly believes she is protecting her younger sisters. Some girls report that the greatest sense of disillusionment and betrayal related to their father came when they discovered the abuse of the siblings.

Additionally, the abused child is likely to feel anger towards the mother because she did not protect her, and if the mother refused to believe the daughter's report of the incest, or conveyed approval of the situation, the daughter's feelings will be intensified and the long term impact of the abuse will be more severe, because the daughter feels betrayed by both parents.

In adolescence, when sexual issues and conflicts are in the forefront of the teenager's thoughts, the reaction to the abuse may be most pronounced. Some will use alcohol and drugs. Sexual promiscuity is a frequent reaction. The victim may be fulfilling her negative self-concept as "a bad girl" or may be unable to relate to males in a nonsexual way. Many prostitutes have been victims of sexual abuse. Some teenagers will run away to escape their sexually abusive homes only to end up as teenage prostitutes.

Sexual abuse has been termed "a psychological time-bomb" because the effects may not be fully felt until adulthood when the woman attempts to establish a normal sexual relationship and is unable to do so. Victims often report feeling stigmatized for life and some display suicidal tendencies.

With proper treatment and support, these reactions can be minimized. More and more adult sexual abuse victims are now seeking out help for themselves, encouraged to do so by changing attitudes and society's recognition of the problem.

Intellectual Development

The maltreated child's intellectual deficits may be marked and obvious. An estimated 20-50 percent of maltreated children suffer a handicapping cognitive dysfunction, ranging from severe to mild. However, even if there are no significant delays, the maltreated child in school may be performing well enough to "get by," but not at his or her potential level.

Delays in intellectual development, speech and language, learning disabilities, and retardation may result from actual neurologic damage to the child's brain through physical trauma (shaking, beating), extreme sensory deprivation, or malnutrition. However, though brain damage may account for some of the child's delay, the abusive or neglectful environment also plays a major role in affecting the child's ability to learn–intelligence, in the broader sense, includes the way in which the child will approach the world, solve problems, and learn facts.

Sometimes the very strategies the child has adopted to cope in this unpredictable environment will be a handicap in other environments, affecting his ability to learn. Martin had described five ways in which the abusive environment affects the child's ability to learn:

1. *Growing Up in An Unpredictable, Non-nurturing World.* The child develops

in a world that is not logical–erratic parental behavior makes the world seem chaotic and unpredictable without a consistent set of causes and effects. Both abused and neglected children are faced with a world unresponsive to their needs and actions.

2. *Restriction of Opportunities for Learning.* A child learns through exploration, investigation, questioning, and experience–by interacting with others and with the environment. Physically abused children may be severely punished for natural and healthy attempts to learn so that their natural curiosity and desire to learn are stifled. Adults are not resources from whom to learn, but rather individuals from whom the child must protect her or himself. The child misses out on learning opportunities and the lesson of the environment is to be passive and uninterested; the price of touching or asking may be severe. Language, eye-hand coordination, fine and gross motor skills are likely to be affected.

The neglected child's exploratory opportunities may be limited in a more direct way if the child is confined to a crib, play-pen, or room with little chance to move, manipulate objects, or watch activities. This neglect constitutes sensory deprivation and is extremely destructive to the child.

3. *Inadequate Stimulation and Support.* Parents are the first teachers of children. Language, in particular, develops through social interchange–the child's opportunity to imitate and practice language accompanied by the parents' positive feedback and corrections are crucial to the development of rich expressive language. The abusive parent may discourage talking or encourage simple responses. In an abusive home, the child will be likely to minimize all language–never knowing which sentence or question will provide a violent response. The neglected child lacks general verbal stimulation and feedback. Language is socially motivated–one does not speak if there is no one listening.

4. *Danger of Performance and Nonperformance.* The abusive parents and the neglecting parents may expect extraordinary things from a child. The inability to perform according to the parents' expectations which may be totally unrealistic–results in punishment. A common response to growing up in this world is simply not to try.

The neglected child's inability to perform certain tasks may be life-threatening if he or she is expected but unable to prepare adequate meals or recognize and avoid danger. His apathetic attitude may result from lack of guidelines or directions for achievement. Living in a world where expectations are not communicated at all, or in a minimal fashion, it is nearly impossible to gain a feeling of competence.

5. *Energies Preempted by Survival.* When the child's energies are directed at surviving a dangerous environment–the learning consists of concentrating upon coping with those abnormal demands. The result of this is often seen during developmental testing. Abused children frequently ask permission before touching a toy and keep looking at the examiner's face to see if their behavior is acceptable. The child is focused on the adult's reaction to his or her behavior with the toy, rather than on exploring and enjoying the toy.[11]

The neglected child's energies are more likely to be drained by inattention rather than redirected as is the case with abused children. Neglect is a more insidious form of maltreatment in terms of its impact because it is a long-term chronic condition, rather than episodic. The neglected child's actions occur in a vacuum. Humans are social beings and even negative attention seems to be better than no attention at all.

> *She wouldn't say a thing. I'd get up in the morning, and say, "hello" or "I love you," and it was as though I didn't exist.*[12]

Physical Growth

In cases of extreme neglect, the physical growth of the child may be affected and result in "reversible dwarfism." The child's height and weight will be below the normal range and the child will appear to be much younger than his or her chronological age. If the child is transferred to a "growth-promoting" environment, a remarkable surge in growth is possible.

The Maltreated Adolescent

The adolescent who experienced maltreatment as a child; the adolescent who has continually been abused since childhood; and the teenager who becomes a victim of maltreatment while entering adolescence frequently go unrecognized as victims. Though it is the young child or infant who seems most helpless–abused adolescents rarely reach out for help; like abused children, teenagers are usually ashamed, fearful, and guilt-ridden and they are still psychologically dependent upon their parents. All too often the maltreated adolescent does receive attention–because of an act of antisocial or criminal behavior. The effects of maltreatment, then, begin to be felt by society when the abused or neglected teenager's pain fuels destructive and sometimes violent behavior. The society that fails to protect victims is, in turn, victimized.

The adolescent victim of abuse is not always aggressive–he or she may become very withdrawn and turn to drugs and alcohol. The normal conflicts of adolescence, the questioning and self-doubts, are intensified by the very low self-esteem which results from being maltreated. Some will be suicidal. The chronic truant, the teenage prostitute, and the runaway often have a history of maltreatment.

The peer group, so important to the adolescent struggling to feel mature and independent of parents, often plays a destructive role for the abused adolescent. The maltreated adolescent feeling low self–esteem will gravitate toward peers with similarily negative self-concepts and a peer group composed of troubled youth is likely to foster delinquent behavior.

Here, once again, is the story of Peggy.

> *Peggy recalls a childhood of uncertainty, learning to dodge the blows of her abusive mother, to find her own food, and to run away when she needed a good meal because, when she returned, her mother would feel remorse and give her "special" treatment for a few hours.*
>
> *Her stepfather who had been abusive to her as a child committed suicide when Peggy was ten. Peggy herself had found him dead before she went off to school.*
>
> *By the time she entered adolescence, Peggy was using drugs and alcohol and "hanging out" with a "rough, scared" crowd of teenagers. Like all her friends, Peggy's deep anxiety and sadness were intolerable and impelled her into action. She stole cars, broke windows, and defied police intervention and describes only feeling "real" while engaged in impulsive action.*[13]

The Abusive Parent

How do maltreating parents feel about their behavior? Do they experience guilt, shame, remorse for victimizing their children? Are they unfeeling monsters who brutalize without caring? It is true that parents sometimes do monstrous things–but they are not monsters–in most cases, they have been victims of maltreatment themselves. Peggy, the acting-out adolescent described above, is a poignant example of how the cycle continued.

> *She married Peter one night on impulse, and they committed crimes together for a few months. By the time Peter went to jail, Peggy was seven months pregnant with little Peter. She did not want the child and recalls*

"feeling bad" for him right away because she did not feel related to him.

She left little Peter "here and there," stayed in bars calling up others on the phone to buy milk and diapers for him. When he was three months old, she called a local agency and asked them "to take him away," saying she could not care for him. She recalls crying in a bar that night. She distinctly remembers that she was not crying because she "felt bad" for giving her son away, but that she was crying because she did not "feel bad" and the very inability to feel, of which she was aware, made her feel empty.[14]

Some parents are aware of their dangerous behavior and are able to ask for help. As in this case, a request may be made that the child be taken away. The parent, though unable to control behavior, does want to stop the abuse.

Some parents are so immature and needy themselves, more concerned with their own needs than their child's, they may feel little remorse about their behavior. Even after being confronted by others for their behavior, they may still focus on the child's inadequacy or misbehavior rather than their own.

Those parents who strike out more due to external stresses than psychological problems and who received more adequate care as children will feel more concern and guilt regarding their behavior. The prognosis for these parents resuming a more positive relationship with their children is most promising.

Helping The Abuser

We must learn to listen and respond to maltreating parents as well as maltreated children. Understanding the causes and effects of maltreatment is the first step on the road to helping.

Jolly K., an abusive mother who founded Parents Anonymous, the national self-help organization for maltreating parents, gives a firsthand description of what it feels like to be an abusing parent:

We don't like being child abusers any more than society likes the problem of abuse. If a positive approach is offered they will usually respond... Ninety percent of us were abused as children. I can remember not being loved when I was a child. But I just thought I was a rotten little kid and that's why I was tossed from foster home to foster home.

I'm convinced that parents are aware of their feelings and let others know. But we don't know how to listen. Too many of our parents have told society time and time again: "Help me! I'm at my wit's end. Help me before I bring my kid there too!" How can we learn to listen and respond?[15]

Chapter 7

Footnotes

1. Rebecca Harrison and Jean Edwards, Child Abuse: A Personal Account by One Who Hurt: A Guide for Teachers and Professionals (Portland, OR: Ednick Communications, 1983), p. 44.

2. Henry N. Ricciuti and Rebekah Dorman, "Interaction of Multiple Factors Contributing to High-Risk Parenting," in Minimizing High-Risk Parenting, ed. Robert A. Hoekelman (Media, PA: Harwal Publishing Co., 1983), pp. 187-210.

3. Leroy H. Pelton, "Child Abuse and Neglect: The Myth of Classlessness," in The Social Context of Child Abuse and Neglect, ed. Leroy H. Pelton (New York and London: Human Sciences Press, Inc., 1981), p. 35.

4. Mary Huber, "Unemployment as a Stress Factor Leading to Child Abuse and Neglect" Mimeographed (Paper presented at "Unemployment During Economic Depression: Its Impact on Family Life" Conference, Bunker Hill Community College, Boston, MA, March 5, 1983), p. 10.

5. Harrison and Edwards, Child Abuse, p. 43.

6. Ed Magnuson, "Child Abuse: The Ultimate Betrayal," Time 122 no. 10 (September 5, 1983): 20.

7. U.S. Department of Health and Human Services. Study Findings: National Study of the Incidence and Severity of Child Abuse and Neglect (Washington, DC: U.S. Department of Health and Human Services, September 1981), p. 32.

8. Molly Laird et al., "An Examination of Child Sexual Abuse Reports; All Cases from 1981 from the Bronx, N.Y." (Paper presented at the Fifth International Congress on Child Abuse and Neglect, September 16-19, 1984, Montreal, Canada), p. 19.

9. Nancy B. Ebeling and Deborah A. Hill, eds., Child Abuse and Neglect: A Guide with Case Studies for Treating the Child and Family (Boston, Bristol and London: John Wright PSG Inc., 1983) p. 188.

10. Harold P. Martin, ed., The Abused Child: A Multidisciplinary Approach to Developmental Issues and Treatment (Cambridge, MA: Ballinger Publishing Company, 1976), p. 37.

11. Martin, The Abused Child, p. 99.

12. Harrison and Edwards, Child Abuse, p. 43.

13. Ebeling and Hill, Child Abuse and Neglect, p. 188.

14. Ibid.

15. Judith Reed, "Working With Abusive Parents: A Parent's View: An Interview with Jolly K.," Children Today, 4, no. 3 (May-June 1975): 6.

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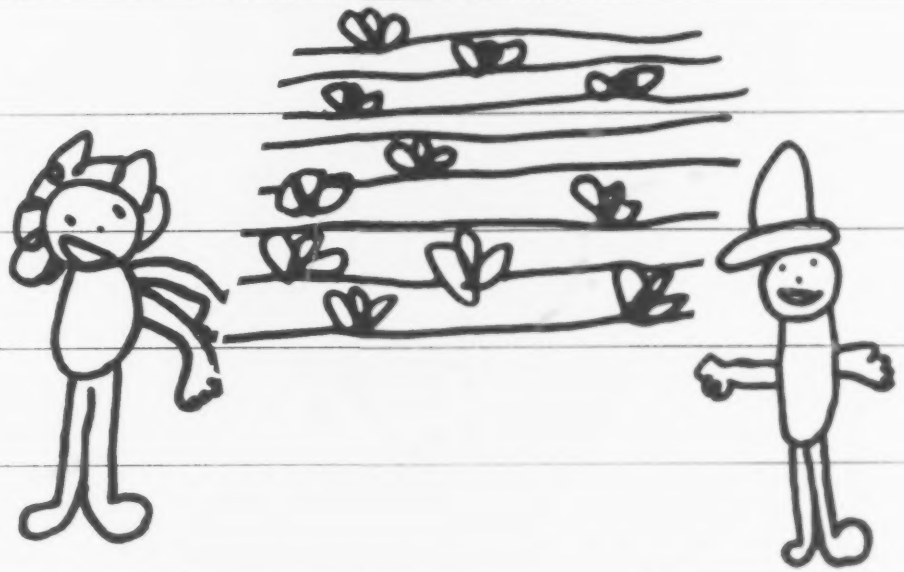
Chapter 8

The Migrant Family and Child Maltreatment



Chapter 8 - Highlights

Nearly three-quarters of a million children are currently growing up in migrant families–a lifestyle characterized by:

- constant mobility
- backbreaking work
- poverty
- intermittent unemployment
- poor living conditions
- social isolation

Studies have found that the level of child maltreatment is much higher among Eastern Stream migrant families than for the population in general. The migrant educator can be instrumental in getting these families the assistance and support they need to change these statistics through:

- developing an awareness to the needs of the migrant family
- assisting the family to use the formal support system of state and federal migrant programs
- involving parents in the planning and implementation of programs to meet the migrant family's needs
- encouraging community acceptance of migrant families
- involving migrants in the community

CHAPTER 8

The Migrant Family and Child Maltreatment

by Rebekah Dorman, Oscar W. Larson III, and Lorrie Wolverton

Nearly three-quarters of a million children are currently growing up in migrant families. What kind of a setting is the migrant family for raising and nurturing children? In this chapter, we will discuss the migrant family as a specific context for raising children concentrating primarily on those aspects of the family environment and circumstances which may be responsible for child maltreatment. ESCAPE research in Eastern Stream States has documented the high rate of child maltreatment among migrant families, and the varying rates of maltreatment by migrant status within the migrant population. We will attempt to understand the reasons behind these disturbing findings by examining the stresses which migrant families experience and the varying degrees of support associated with the different migrant lifestyles.

Who Are Migrant Families?

If at least one member of a family is considered a migrant farm laborer, the family is classified as a migrant family. The definition used by the U.S. Department of Agriculture stipulates that a migrant farm laborer is one who travels across state or county boundaries, stays overnight, and performs agricultural labor in exchange for cash wages or salary.[1] People engaged in fishing or forestry work are also classified as migrants for educational purposes. While the preceding definition distinguishes migrants as an occupational category, it does not describe the kind of life that migrant workers and their families lead.

Robert Coles expresses the migrant plight in these terms:

> *No group of people I have worked with...tries harder to work, indeed travels all over the country working, working from sunrise to sunset, seven days a week...There is something ironic and special about that too: in exchange for the desire to work, for the terribly hard work of bending and stooping to harvest our food, these workers are kept apart like no others, denied rights and privileges no others are denied, denied even halfway decent wages, asked to live homeless and vagabond lives, lives of virtual peonage, . . .*
>
> *I do not believe the human body and mind were made to sustain the stresses the migrant must face...I fear...what it does to men, women and most especially children.*[2]

The life of the migrant worker and family, then, is characterized by poverty, unemployment, poor living conditions, social isolation, and little hope for the future. These same factors are associated with child maltreatment in the non-migrant population. Indeed, it is not surprising that parents, migrant and non-migrant alike, find it difficult to raise children under these conditions.

And yet, migrant families contend with the additional burdens of constant mobility and backbreaking work, which further undermine parents' ability to function.

> *Like my husband, I sometimes feel myself going to pieces; yes sir, that's how it feels, like you're going to pieces.*[3]

Both parents and children are affected and the parent-child relationship must,

from the very beginning, bear the additional weight of these difficult life circumstances. For example, the birth of a child, a happy occasion for most parents, may, for the migrant parent, be dominated by concerns for that child's future.

My husband...once he told me that it hurts him every time one of our children is born, because he knows what's ahead for them. You know something? Each time, with each child, he's gone and got worse drunk than any other time.[4]

These concerns continue throughout the years of childrearing.

It's the worst of being a mother, knowing that you can't offer your babies much...I know it's going to be bad for them when they grow up...There'll be a moment when I'll look at my children and I'll wonder if they hold it against me for bringing them into the world to live like we do.[5]

Maltreatment Statistics

According to the best available evidence on this subject, a significant proportion of migrant children are, or have been, abused or neglected and the level of maltreatment among migrants is much higher than for the population in general.

These findings were established by ESCAPE research that was conducted to determine the incidence and pattern of maltreatment for migrants in the Eastern Stream.[6] The study, which was the first such investigation of child maltreatment in the migrant community, used two distinct approaches in examining this issue. One was a survey of 2,200 migrant educators from 14 of the 22 states in the Eastern Stream for their observations about incidences of maltreatment affecting the migrant children with whom they had direct contact. The other was a search of New York State's Central Register of Child Abuse and Maltreatment for all migrant children enrolled in the state who may have been involved in a confirmed case of maltreatment. Each study component produced information which was converted into an estimate of the level of migrant child maltreatment or employed to ascertain the types of abuse and neglect to which migrant children were being subjected.

The survey results indicated that child abuse and neglect in the migrant population is both pronounced and pervasive. Approximately 70 percent of the educators who completed the questionnaire noted one or more forms of maltreatment among their migrant students during the year preceding the survey. Moreover, about 18,000 of the 170,000 migrant children in the stream in 1982 were judged to have been neglected, or physically or sexually abused. The incidence rate of 110 children per thousand derived from the survey data was roughly ten times the rate for the U.S. population as a whole and four times the rate of families with annual incomes of less than $7,000 (see Table 8.1 below).

Table 8.1

Maltreatment Incidence Rates for Eastern Stream Migrants, the U.S. Population, and Children from Families with Annual Incomes of less than $7,000*

	MALTREATED CHILDREN	AT-RISK POPULATION	INCIDENCE RATE**
Migrants	18,800	170,000	110.6
U.S. Population	652,000	61,900,000	10.5
Families with Incomes Under $7,000	278,000	10,200,000	27.3

*Data on the U.S. population and families with incomes of less than $7,000 were obtained from the National Study of the Incidence and Severity of Child Abuse and Neglect, U.S. Department of Health and Human Services, 1981.

**The incidence rate is expressed in terms of the number of maltreated children per thousand.

The set of results obtained from the central register also conclusively demonstrated that migrant children are maltreated more frequently than other children. During 1982 alone, 300 of the 7,400 migrant children in New York State

under the age of 18 were abused or neglected. Additionally, 1,200 migrant children sampled in 1982 were involved in at least one substantiated case of abuse or neglect between 1974 and 1982. This means that slightly more than 15 percent of the state's migrant children sampled in 1982 had been maltreated at some point during the nine years and around 4 percent were abused or neglected in 1982. The incidence rate for migrants during 1982 was 40.2 children per thousand, compared to 6.3 children per thousand for the entire state that year (see Table 8.2 below). On the average, the migrant child was about six times more likely to have been abused or neglected than other children in New York State and seven times more likely to have been maltreated than children living in Upstate New York, where most migrants reside.

Table 8.2

Maltreatment Incidence Rates for New York State Migrants, the New York State Population, and Children Residing in Upstate New York*

	MALTREATED CHILDREN	AT-RISK POPULATION	INCIDENCE RATE**
Migrants	300	7,400	40.2
N Y S Population	29,600	4,689,000	6.3
Upstate New York	16,100	2,922,000	5.5

*Data on the New York State population and Upstate New York were obtained from the Child Protective Services, Report to the Governor and Legislature, New York State Department of Social Services, 1982.

**The incidence rate is expressed in terms of the number of maltreated children per thousand.

Differential Risk Among Migrants

Within the migrant population, children are exposed to a differential risk of being maltreated, depending upon their migrant status and factors related to family structure and age composition. Information from both study components suggests that intrastate migrants had a higher incidence of maltreatment than either resettled or interstate migrants. In fact, interstate migrants had the lowest rate of the three groups, although the reasons for this variation are difficult to establish.

Maltreatment among interstate migrants may be relatively lower because they travel with their support systems, cope more effectively with stress, and/or have adapted better to the negative conditions associated with migrant life. On the other hand, the apparent lower incidence of maltreatment among interstate migrants could also be attributed to their transience and the effects that intermittent movements have on detection and reporting processes.

If the latter is the case, the statistics that ESCAPE compiled underestimate the actual level of maltreatment for interstate migrants, but more accurately reflect the incidence of abuse and neglect for migrants in the other two categories. It should likewise be emphasized that the rate of maltreatment among interstate migrants, while less than the rate for intrastate or resettled migrants, is still appreciably greater than for the general population or for groups in the same socioeconomic stratum.

Other variations in maltreatment rates found in the migrant population were that children from single parent families had a higher probability of being maltreated, as did younger children. Both of these findings are consistent with results from research on child abuse risk conducted with non-migrant populations.

Types of Maltreatment

While physical neglect is the predominant form of maltreatment among migrants, a considerable number of children are abused physically, sexually, and emotionally. About 14 percent of the incidents involving migrant children in New York State during 1982 were classified as physical or sexual abuse. Moreover, a little more than 2 percent of these incidences resulted in a migrant

child sustaining a serious physical injury such as a broken bone or hemorrhage.

Inadequate guardianship, which according to New York statutes occurs when the quality of care received by the child does not meet a certain minimum standard, was the most prevalent type of physical neglect. In addition, a significant proportion of maltreated migrant children did not receive adequate food, clothing, and shelter or were not properly supervised. The survey data on Eastern Stream migrants disclosed a similar general pattern of maltreatment, with the exception of educational neglect which was more prominent in the survey. In interpreting these statistics, one should keep in mind that abuse and neglect may be equally damaging to the welfare of the child even though the latter does not always result in actual physical harm or damage.

The ESCAPE incidence estimates, when extended to the entire migrant population, suggest that between 20,000 and 50,000 migrant children are maltreated each year. More than 20 percent of these children will be abused or neglected on more than one occasion and many will go on to maltreat their own children. ESCAPE also has evidence that some migrant children are abused so severely that they die, although we do not have an exact count of the number of fatalities. Alarming as these statistics may be, they do not convey the pain, suffering, and anguish experienced by the migrant children who are victimized by abuse and neglect.

Risk Characteristics

We cannot easily put the stresses and the supports of migrant life into an equation that will allow us to predict whether migrant parents are more likely to abuse or neglect their children. The statistics on child maltreatment, however, do seem to suggest that the stresses of being a migrant worker and a parent are overwhelming to many.

The Maltreating Parent

> *Sometimes I have to hit them, yes sir, I'll admit it. They'll be asking why, why, why, and I don't have the answers and I'm tired out.*[7]

In very few words this migrant mother tells how the frustrations of migrant life have caused her to hit her children. The life of the migrant parent is filled with frustrations at home, at work, and in the community. Frustration, psychological research tells us, often leads to aggression.[8] The "bad day at the office" syndrome is experienced by people in all classes who vent their frustrations at home because it cannot be done at work. However, Fitchen, in her study of rural poor families, explains why this "syndrome" is more common and more serious in the poor isolated family:

1. The frequency of frustration-causing experiences is higher.

2. The tolerance level for frustration may be lower, due to insecurity and low self-image.

3. The channels of redress are less accessible.

4. There are likely to be other sources of stress in the family.

5. There may be a greater tendency to express anger in a violent manner rather than verbally.

6. With the crowded conditions in the home, there may be no space or manner in which one individual can release tension and anger without impinging on all other members of the family.[9]

Many migrant parents grew up in "high-risk" families and it is likely that many were, themselves, maltreated as children, another well-documented risk characteristic. A personal history of maltreatment handicaps a parent in two ways: there are unresolved emotional needs and conflicts which reduce one's ability to care for another human being, and there is no positive parenting model from which to develop a parenting style.

Some parents may react to a life of continual frustration and deprivation with apathy or a sense of futility as they give up hope for a better life.

> *My children, they suffer, I know. They hurts and I can't stop it... Do you have a choice but to accept? That's what I'd like to ask you, yes sir. Once when I was little I seem to recall asking my uncle if there wasn't something you could do, but he said no there wasn't and to hush up. So I did. Now I have to tell my kids the same, that you don't go around complaining–you just don't.*[10]

Apathetic attitudes and depression are personality characteristics often found in parents who neglect the needs of their children. Educational neglect may result when parents see little hope that the child will escape the cycle of poverty, and do not encourage school attendance or academic achievement.

Even those parents who maintain hope for their children's future may have little to offer in terms of information, advice, or guidance concerning education, other professions, or different lifestyles. Parents frequently know nothing about educational alternatives. Many do not understand the value of education and the detrimental impact of extended absences upon the child's educational experience. They may perceive the school as an alien environment, very different from their own background in its middle class White orientation.

The Neglectful Parent

In addition to the psychological impact of migrant life which may lead to maltreatment, there are other more concrete aspects of migrant life which make it more likely for neglect to occur.

One type of neglect is termed "situational neglect," which is the inadequate care children receive as a result of their parents' low socioeconomic status. Though it is not deliberate, it may still have serious detrimental effects upon the child and should not be ignored.

For example, lack of supervision of a child may be related to the inability of a family to pay for child care, or the lack of available child care services. One study found that nearly one-third of preschool migrant children were left unsupervised by adults while their mothers worked.[11] Because of the hazardous conditions which are often present near the family's housing or in the fields (including pesticides and farm machinery) this lack of supervision poses a greater potential harm to the migrant child than it would for a child in safer surroundings.

"Educational neglect" may stem from the fact that the child is required to care for younger siblings or because the child's wages are needed by the family. The mobility of the family makes getting an education more difficult; the child must continually adapt to new surroundings, new curriculums and teaching styles, and different school regulations. Sometimes he or she also must deal with negative attitudes from schoolmates and school personnel.

Poverty

Despite variations among migrant families in size, ethnicity, geographic location, and mobility patterns, virtually all migrant families are poor and, as a group, represent one of the most disadvantaged sectors of the American population. Poverty engenders a sense of despair among parents and there are few opportunities for relief.

Studies of maltreatment rates show that income is the best demographic predictor of maltreatment in families. Certainly, most poor people do not abuse or neglect their children; most migrant parents do not maltreat their children. However, poverty does substantially increase the risk of maltreatment. (A more complete discussion of poverty and maltreatment can be found in Chapter 7.)

Mobility and Social Isolation

The baby was born in the tomatoes of Ohio. The truck tires were new in the spinach of Texas. The older son broke his arm in the sugar beets of Wyoming. [12]

Migrants live uprooted lives. Many call no place home, and carry few possessions with them. Constant moving from place to place causes the obvious anxieties connected with packing your things and setting out for an unfamiliar and perhaps unknown place. Often traveling in a broken-down car that might not make it, or in the back of a crowded truck, carrying little or no cash in their pocket, migrants are unsure of what they will face at their destination.

Even during the time the migrant family stays in one place, they never become part of the community. Prejudiced and often hostile attitudes of local residents, the geographic isolation of their housing, long working hours, and the short duration of their stay all contribute to their social isolation. The migrant family may feel little motivation to reach out into the community, recognizing the effort which this requires and the attitudes which are likely to be encountered. Furthermore, becoming attached to a place simply makes moving on more difficult. Peter, the son of a migrant worker, put it this way:

Then I was gettin' ready to say we shouldn't go at all and my daddy told me to shut up, because it's hard enough to keep going without us talking about this friend and the school and the teacher and how we want to stay, so he said if I say another word I'd soon be sorry, and I didn't.[13]

Social isolation, particularly for a poor family, can be devastating. The material and emotional support offered by friends and relatives, or in a more formal way by institutions and agencies, can play a crucial role in providing economic and emotional relief for stressed parents. Furthermore, social isolation has been identified as a correlate of child maltreatment in a number of studies.[14]

Low Self-Esteem

Low self-esteem has frequently been identified as a personality characteristic of maltreating parents. Work, a major source of self-esteem for adults, provides little emotional or economic reward to the migrant worker. Though a worker may take some pride in the fact that he or she works extremely hard, the fact that the work itself is boring, repetitive, physically demanding, and low paying may overshadow that pride.

I think stooping for those beans can go to your head. You get dizzy after a day of it, and you want to go down on your back and stretch yourself all you can and try to feel like yourself again, and not all curled up on yourself.[15]

...during the end of the season no amount of wages is going to justify the stooping work. No one knows the pain of picking, stooping over, one side red, the other rotten or green and no good.[16]

Rarely does the community, or society at large, express appreciation for the work migrants perform. The migrant worker has no status in our society. Though American society depends upon the migrant worker to harvest its food, attitudes of contempt, superiority, or indifference toward migrants are common; gratitude and respect are not. Take for example, the following statement made by the owner of a very large farm in central Florida:

As for these migrants, if you ask me, it's the parents who never amounted to much and maybe they try to do better with the kids, though they're certainly not very ambitious, those parents, so I don't think they push their kids to be successful, the way we might.... Of course they can't really spoil their kids, I'll admit. They don't have much to spoil them with; and what they have they tend to be wasteful about, you know.[17]

Unemployment

Since the harvest is not a stable source of work, many migrants are intermittently unemployed. The periods of unemployment are determined mainly by the crop, the size of the harvest, and the size of the work force hired by the employer–factors not under the control of the worker. Often the lives of the migrant family members are measured by the harvest. Workers do not speak of a "job," rather they say "I worked in potatoes." The insecurity, low self-esteem, and lack of control which this chronic condition fosters is another risk factor for the migrant family. Studies of unemployment and child maltreatment show that the lower self-esteem, social isolation, increased contact with children, and economic strain created by unemployment may lead to an abusive situation.[18] Men, who more so than women, derive their self-esteem and their socializing from work, tend to be affected more adversely.

Conducting one's life around the times and places of the harvest, doing menial labor, not being sure of where exactly you are going and whether there will be enough work, and earning a subsistence wage, if that, does not engender a feeling of high self-esteem or of self-determination.

> *If my child looks right up at me and says he thinks we live a bad life and he thinks just about every other child in the country is doing better than he is–I mean has a better life–then I don't know what to say except we're hard working and we do what we can.... there's no point in feeling sorry for yourself, because you can't change things, no you can't, and all you can do is say to yourself that that's true, that we've got a long road to hoe, and the Lord sometimes seems to have other, more important things to do, than look after us...*[19]

Risk Variations Among Migrant Families

The significant finding from ESCAPE research, that the risk of maltreatment varies within the migrant population according to the migrant status of the family, highlights the importance of separately considering each type of migrant family as a context for raising children, and understanding the variations which exist within the migrant population.

The Interstate Family

Migrants in the United States travel three major interstate streams, each originating from a specific home base and each having a different ethnic composition. The Eastern Stream, traveled mainly by Blacks along with Mexican-Americans, Puerto Ricans, and Haitian immigrants, travels up the East Coast from the home base of Florida. The Central Stream flow is dominated by Mexican-Americans and travels from the home base of Texas through the midwestern and western states. Based in California, the migrants in the Western Stream travel north to Oregon and Washington, and this stream too, is mainly Mexican-American. Migrant children are, for the most part, Hispanic though there are significant numbers of White and Black children as well.

The extended family, prevalent in the interstate migrant population, provides economic support through the pooling of resources; available income is increased, housing is shared, and care of children can be divided among a number of family members. Research with primarily Black and Hispanic migrant parents from across the country found that parents viewed the extended family most positively as a source of help. Questioned further about the source of help for child care and chores when the mother of the family was ill or incapacitated, family members were, again, most frequently mentioned.[20]

In an extended family, the child learns to look for guidance and support from grandparents, uncles, and aunts who may be part of the family constellation. Additionally, the migrant parent has other adults with whom to share daily experiences and frustrations.

The interstate migrant families may cope with the stresses of their life through the strength they gain from their religious beliefs, an integral part of their cultural heritage. Religion provides a source of solace and hope, a way to unburden worries and frustrations, and brings peace of mind and a sense of meaning to one's life.

The social aspects of church membership also provide the family with a sense of community which eases feelings of isolation. Church celebrations and activities provide both spiritual refreshment and a setting for social interaction, communication of information, and a place where women play a strong productive role. The church is the institution which the family relies upon if the family network cannot provide adequate support or solutions.

Social isolation is also lessened for those interstate families who travel in groups, either by crew bus or private vehicles. Traveling can become a time for socializing, and child care responsibilities can be divided among the group. Living within migrant camps also provides some opportunity for socializing with others. Even though migrant families may be isolated from the community, they do have some sense of sharing with fellow workers.

A sense of purposefulness and hope in the lives of many families comes from their ability to, bit by bit, establish a permanent home for themselves. The families which are able to purchase a small piece of property to which they can return at the end of each travel season gain a feeling of achievement and continuity in their lives. The purchase of the property and its gradual improvement become an on-going project from which the family derives a sense of pride and direction. Stage by stage the family develops the land from a plot on which to park a truck or camper, to a small home, to a home which is adequate for the entire family when the family settles out of the migrant stream.

The Intrastate Family

In the Northeast–New York, Vermont, and Pennsylvania in particular–there exists a subpopulation of migrants who do not fit the description of the more traditional migrant. They are White, and travel from county to county within one state following no particular stream or pattern. They generally are dairy farm workers hired as field hands, milkers, herdsmen, or barn cleaners. Peak employment season begins in early spring when fields can be worked, fences mended, and animals put out in the field. In the late fall, employment drops off as animals are brought in from the fields and harvesting of sileage crops is completed.

Because they represent a small proportion of the migrant population, and because their movement and presence is not observed as readily as that of interstate migrants, these people have been referred to as "the invisible migrants." And, even though they are deemed "migrant" by legal definition, they do not refer to themselves as migrants, and don't like that label, but rather call themselves farmers or farm hands. In fact, many of these people had parents or grandparents who were farmers and who lost their land.

Ethnically, these people are "old stock Yankee," from families who have been in the United States for many generations. There is not a sense of belonging to an ethnic group and having a cultural heritage. The sense of cultural community which exists for Black and Hispanic migrants does not exist for these people.

Mobility creates problems of isolation for these intrastate migrants, which are likely to be worse than for interstate

migrants. They do not travel with other families and are not in contact with fellow workers during the day or in the evenings. Housing, frequently provided by the farmer, ranges from trailers to tenant houses. The quality of such housing varies greatly and, in some cases, does not include running water or central heating. Some larger farms supply multi-family tenent houses. If the farmer supplies housing, its cost is deducted from the employee's wages. Unless the farmer has other hired hands, the families live very isolated lives. They are not in contact with other families who have similar migrant lifestyles and cannot share their experiences, complain, or just simply talk. These intrastate families often move to avoid problems. They have not developed effective strategies for handling stress and so leaving the problem behind–literally–becomes the solution. Mobility, then, is both a cause and symptom of family problems and stress.

Fiercely independent, these people do not wish to take something for nothing. Though these migrant families do resemble the families in their host community in appearance and ethnicity, they are still not accepted by the local people and are accorded no social status.

Moreover, these families are not prone to trusting people outside of their family. Strong loyalty to the family unit is encouraged; socializing with others is not. Children are encouraged to take care of siblings but not to socialize with other children. This attitude grows partly out of the parents' desire to protect their children from the hostile attitudes and criticism which they encountered in their own youth, and out of their strong pride.

This social ostracism by others also means that organized religion does not figure prominently in the lives of many of these people. Though some may have religious beliefs, attending church or church-related activities is not common.

The extended family takes a different form in these families than is common among interstate families who travel the stream as an extended unit. Within the intrastate population it is more common for family members to join another household when the need arises because of unemployment or marital troubles, and to leave when the situation improves. This temporary extended family offers relief to the visiting relatives, but often places a further strain upon the host family's already limited resources.

The Resettled Family

The family who has "settled out" of the migrant stream does not necessarily leave behind the problems of migrant life simply because the family is no longer moving. Interviews with resettled workers showed that housing and child care arrangements were the most frequently mentioned problems associated with childrearing, the same problems mentioned by in-stream migrant parents in similar interviews. [21] Poverty and social isolation are conditions which remain in most cases. For some families these problems may even become more severe.

Though the income of the resettled family may be higher, the living expenses of the family increase, for example, the cost of supplying one's own housing is higher. In addition, though the income of the male breadwinner may rise, the income of other family members may be lost, particularly if the family settles in an urban area, so that total family income actually decreases.

The social isolation of the family will depend, in large part, on the location of the new home–whether it is in proximity to relatives and friends, and whether the local population is similar in ethnicity to that of the family. The interstate resettled family loses the support of the migrant community and may be living in the midst of a community indifferent to its needs. The experience of a Mexican-American family who settles in Texas is likely to be better than one who settles in Ohio.

Stability, itself, may present problems for a family accustomed to transiency since the family members know that the problems they face with employers, schools, and community are not temporary conditions.

Perhaps the most telling statement concerning the difficulties of settling out is that so many families resume their former migrant lifestyle within a few years.

Family Support and Maltreatment Prevention

Child abuse and neglect in the migrant population can be prevented, but only if migrant parents receive assistance and support. The major formal support system available to all migrant families consists of the many state and federally funded migrant education and services programs. Through these programs family members have access to health, education, legal, and parenting resources that can assist them in meeting their needs. Participation in the planning and implementation of these programs by migrant parents gives them a sense of ownership and a feeling of control over some aspects of their lives. These programs mobilize and direct action on behalf of migrant families, fulfilling a critical need in the lives of these uprooted people.

Acting as a liaison for the family, migrant support programs can also encourage the community to accept its responsibilities to these short-term residents. Migrant families often do not benefit from programs designed to reduce family stress or strengthen family integrity simply because they are transient or because they are socially and physically segregated. A special effort is required to involve migrants in the communities in which they live so that they can take advantage of services that may be denied them since they are not permanent members of the community. This will expand the support network of migrant families and decrease the probability that migrant parents will abuse or neglect their children.

The ability of migrant parents to nurture and care for their children is seriously impaired by the poverty, mobility, isolation, uncertainty, and sense of hopelessness that pervades migrant life. However, a careful line must be drawn between understanding the plight of disadvantaged people and excusing the maltreatment of children. The minimum standards of care for a child must be enforced for all children including those from families who have to endure economic hardship. Migrant children have the same right to be protected from harm as other children, and to tolerate behavior because we empathize and understand its origins in suffering and misfortune does nothing for the children or the parents. Our recognition of the problem of maltreatment in migrant families and our awareness of the difficulties of migrant life can orient us toward the types of support which migrant parents need in order to do a competent job in their parenting role. Without this support, migrant children will continue to be abused and neglected.

Chapter 8

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Appendix A

Outline of a Model Child Abuse and Neglect Policy for Schools

Policy	Procedures
Statement of School System Commitment to Maltreated Children and Families.	• Disseminate school board statement. • Define areas of child abuse and neglect. • Recognize parent feelings and rights.
Reporting Requirements that Reflect State Law.	• Publish legal requirements, with immunities and liabilities. • Provide in oral and written form. • Designate reporting responsibility. • Appoint an internal coordinator and outline specific procedural action. • Identify a feedback/follow-up system.
In-Service Training and Staff Development Programs.	• Appoint a training team. • Select training materials. • Plan a schedule of in-service events. • Offer education incentives.
Designation of School Personnel to Collaborate with the Community Multidisciplinary Child Abuse and Neglect Case Consultation Team.	• Appoint a school representative/liaison on the case consultation team. • Designate school personnel who can be used in advisory capacity. • Specify attendance procedures for case-related personnel.

Policy	Procedures
Identification of School/ Community Resources as Support Services.	• Assess available resources. • Publish a list of service providers and programs with eligibility requirements. • Establish or utilize existing school-based teams for program planning.
Promotion of Primary Prevention Programs.	• Authorize schools to sponsor parent education programs. • Initiate a public awareness effort. • Designate school facilities to be used for family support services. • Develop parent education curriculum at secondary level.

Example of a Child Abuse and Neglect Policy for Educators*

Students: Elementary and Secondary

Child Abuse and Neglect

1. Physical Abuse and Sexual Abuse

Under Maryland Law an abused child is any child under the age of eighteen (18) who (a) has sustained physical injury as a result of cruel or inhumane treatment or a malicious act or acts by his parent or any other person responsible for his care or supervision; (b) has been sexually molested or exploited, whether or not he has sustained physical injury, by his parent or any other person responsible for his care or supervision. Sexual abuse includes, but is not limited to incest, rape, carnal knowledge, sodomy, or unnatural or perverted sexual practices.

Suspected physical abuse cases are investigated by the Baltimore County Department of Social Services and the Youth Division of the Baltimore County Police Department. Each case is professionally evaluated to determine the necessity of treatment for the family. Criminal prosecution is not the primary purpose of the investigation or the reports made by the educator.

The law provides immunity from any civil liability or criminal penalty to all who participate, in good faith, in the making of a report in an investigation, in physical and sexual abuse, or in any judicial proceedings resulting from such a report. The procedures below are to be followed in suspected physical abuse and sexual abuse cases only.

a. Reporting Procedure

(1) School staff members and any employee of the Board of Education shall orally report suspected child abuse to the Baltimore County Department of Social Services between 8:30 a.m. and 4:30 p.m. on business days. For reports made outside of business hours, telephone the Baltimore County Police, Youth Division, and request the emergency worker for the Department of Social Services contact you.

(2) In addition to reporting orally to the Department of Social Services school staff members shall also inform the local school principal that a case of suspected child abuse has been reported to the Department of Social Services. The obligation of the principal to report cases of suspected child abuse brought to his/her attention by staff members is not discretionary and the principal shall assure that the case is duly reported if this has not already been done.

(3) The person making the oral report to the Department of Social Services is also responsible for submitting a written report. (See form Suspected Child Abuse Referral attached.) The written report must follow the oral report and be made within forty-eight (48) hours of the contact which disclosed the existence of possible abuse.

*Provided by the Baltimore County, Maryland Public School System.

Copies of the written report shall be sent to:

Protective Services
Department of Social Services
Investment Building
620 York Road
Towson, MD 21204

State's Attorney for Baltimore County
Court House
Towson, MD 21204

Youth Division of the
Baltimore County Police Department
400 Kenilworth Drive
Towson, MD 21204

and to the Carver Office of Pupil Personnel and the assigned pupil personnel worker. Forms are available in each school office.

b. School Procedure

(1) School staff members may initially question the child to determine if the child's injuries resulted form cruel or inhumane treatment, sexual abuse or malicious acts by the child's caretaker. However, in no case should the child be subjected to undue pressure in order to validate the suspicion of abuse. Validation of suspected child abuse is the responsibility of the Department of Social Services, assisted by the police. Any doubt about reporting a suspected situation is to be resolved in favor of the child and the report made immediately.

(2) The principal, or his designee, will have the responsibility of notifying the pupil's parents and/or guardian that an incident of child abuse has been reported to the Department of Social Services or the Youth Division of the Baltimore County Police Department. An exception to this rule may be made in a case where in the judgment of the principal, after consultation with the Director of Pupil Services, such a disclosure to the parents would create a threat to the well-being of the child. In these cases the principal and Director of Pupil Services would jointly determine a follow-up procedure which would ensure intervention by an appropriate social agency.

(3) In suspected cases of physical and sexual abuse, the suspect victim may be questioned by the police or social worker at the school without the principal obtaining permission of the victim's parent or guardian.

(4) Consultation service to school staff members is available from the Department of Social Services between 8:30 a.m. and 4:30 p.m.

2. Child Neglect

School staff members who have reason to believe a child is suffering from neglect, may make referrals to any school administrator or counselor for team review. Initially, suspected child neglect cases are evaluated by the appropriate school personnel in team or case conferences. The various members of the school multidisciplinary team utilize their skills in assessing the problem and establishing a positive program of action. The pupil personnel worker has the primary responsibility for visiting the home and evaluating the family conditions. A neglected child may be one of the following:

a. Malnourished; ill-clad, dirty; without proper shelter or sleeping arrangements; lacking appropriate health care

b. Unattended; without adequate supervision

c. Ill and lacking essential medical care

d. Denied normal experiences that produce feelings of being loved, wanted, secure (emotional neglect)

e. Unlawfully kept from attending school

f. Exploited; overworked

g. Emotionally disturbed due to continuous friction in the home, marital discord, mentally ill parents

h. Exposed to unwholesome and demoralizing circumstances*

The families may require assistance in many areas and a variety of different treatment strategies. The pupil personnel worker will assist the family in obtaining the appropriate help needed within the school situation or community.

In severe cases of child neglect or when efforts have been unsuccessful in working towards constructive changes within the family, the pupil personnel worker will refer the case to the Department of Social Services. The pupil personnel worker will also have the responsibility of informing the parents of this action. A written summary outlining the specific conditions of the family situation shall be forwarded to the Baltimore County Department of Social Services.

A referral to the specialized service such as the Department of Social Services may be indicated. However, a well coordinated multidisciplined approach that stresses interagency cooperation among school, Social Services and other pertinent community agencies must be emphasized. A constructive program of services will result from the coordinated efforts of social and educational representatives.

The Baltimore County Department of Social Services has the legal responsibility for evaluating reports of suspected child neglect and for taking legal action to protect a child where necessary. Under the Annotated Code of Maryland any educator who acts upon reasonable grounds in the making of any report required by law, rule, or regulation or who participated in judicial proceedings which result from such report shall be immune from any civil liability which occurs.

*Maryland State Department of Social Services Goal and Guides, 1972.

Suspected Child Abuse Referral

To: Baltimore County Department of Social Services
Youth Division of Baltimore County Police Department

From: (Name of School and Individual making report)

_____

_____

Name of Child _____

Address of Child _____

_____

Present Whereabouts of Child _____

_____

Age of Child _____

Birthdate of Child _____

Name of Parent/Adult Responsible for Care of Child

_____

Phone _____

Address _____

_____

Relationship _____

Nature and Description of Injury*

Include description of circumstances and any evidence and/or information available pertaining to present or previous injuries and "all such information available to the reporter which would be of aid in establishing the cause of the injuries or injury and identity of the person or persons responsible therefore."

	Date of Oral Report	Date of Written Report	To Whom Reported
Signature of person making report: _____	_____	_____	_____

Check List

Baltimore County Department of Social Services	_____
Youth Division of Baltimore County Police Dept.	_____
Baltimore County States' Attorney Office	_____
School Office	_____
Office of Pupil Personnel	_____
Pupil Personnel Worker	_____

*Article 27, Section 35A, subsection (d) Form and Contents of Report

Appendix B

New York State

Tutorial Outreach Programs

Policy and Procedures for Reporting Child Abuse & Maltreatment

I. Background

Chapter 1039, Laws of 1973, added a new Title 6 to the Social Services Law. Its purpose is as follows:

"Abused and maltreated children in this state are in urgent need of an effective child protective service to prevent them from suffering further injury and impairment. It is the purpose of this title to encourage more complete reporting of suspected child abuse and maltreatment and to establish in each county of the state a child protective service capable of investigating such reports swiftly and completely and capable of providing protection for the child or children from further abuse or maltreatment and rehabilitative services for the child or children and parents involved."

Section 411
Child Protective Act

To implement the purpose of this Act, the law mandates certain groups of professionals, including school personnel, to report suspected cases of child abuse to the New York State Central Register of Child Abuse and Maltreatment.

II. Reportable Conditions

The following definitions are taken from the Child Protective Services Act and the Family Court Act. They determine the conditions which constitute reportable circumstances and provide the framework for assessing whether a child is abused or neglected.

Section 412 of Title 6 of the Social Services Law states that an abused child is a child under 18 years of age who is defined as an abused child by the Family Court Act. Section 1012 of the Family Court Act defines an abused child as follows: (Quotes from the law itself)

(e) "Abused Child" means a child less than 18 years of age whose parent or other person legally responsible for his care

(i) inflicts or allows to be inflicted upon such child physical injury by other than accidental means which causes or creates a substantial risk of death, or serious or protracted disfigurement, or protracted impairment of physical or emotional health or protracted loss or impairment of the function of any bodily organ, or

(ii) creates or allows to be created a substantial risk of physical injury to such a child by other than accidental means which would be likely to cause death or serious or protracted disfigurement, or protracted impairment of physical or

emotional health or protracted loss or impairment of the function of any bodily organ, or

(iii) commits or allows to be committed, a sex offense against such child, as defined in the penal law, provided, however, that the corroboration requirements contained therein shall not apply to proceedings under this article.

Section 412 of Title 6 of the Social Services Law defines a maltreated child as a child under 18 years of age defined as a neglected child by the Family Court Act or one who has had serious physical injury inflicted upon him by other than accidental means. Section 1012 of the Family Court Act defines a neglected child as follows:

(f) "Neglected child" means a child less than 18 years of age

(i) whose physical, mental or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of the failure of his parent or other person legally responsible for his care to exercise a minimum degree of care

(A)in supplying the child with adequate food, clothing, shelter or education in accordance with provisions of part one of article sixty-five of the education law, or medical, dental, optometrical or surgical care though financially able to do so or offered financial or other reasonable means to do so; or

(B)in providing the child with proper supervision or guardianship, by unreasonably inflicting or allowing to be inflicted harm, or a substantial risk thereof, including the infliction of excessive corporal punishment; or by using a drug or drugs; or by using alcoholic beverages to the extent that he loses self-control of his actions; or by any other acts of a similarly serious nature requiring the aid of the court; or

(ii) who has been abandoned by his parents or other person legally responsible for his care

(g) "Person legally responsible" includes the child's custodian, guardian, or any other person responsible for the child's care at the relevant time. Custodian may include any person continually or at regular intervals found in the same household as the child when the conduct of such persons causes or contributes to the abuse of the child.

(h) "Impairment of emotional health" and "impairment of mental or emotional condition" includes a state of substantially diminished psychological or intellectual functioning in relation to, but not limited to such factors as failure to thrive, control of aggression or self-destructive impulses, ability to think and reason, or acting out and misbehavior, including incorrigibility, ungovernability or habitual truancy; provided, however, that such impairment must be clearly attributable to the unwillingness or inability of the respondent to exercise a minimum degree of care toward the child.

Additional definitions from Section 412 of the Social Services Law:

(4) "Subject of the report" means any child reported to the central register of child abuse or maltreatment and his or her parent, guardian or other person legally responsible also named in the report

(5) An "unfounded report" means any report made pursuant to this title unless an investigation determines that some credible evidence of the alleged abuse or maltreatment exists

(6) An "indicated report" means a report made pursuant to this title if an investigation determines that some credible evidence of the alleged abuse or maltreatment exists

III. Persons Required to Report Cases of Suspected Child Abuse or Maltreatment

Under Section 413 of the Child Protective Services Act mandated reporters are required to report when they have reasonable cause to suspect that a child coming before them in their professional or official capacity is an abused or maltreated child.

Section 413 further mandates that whenever an individual is required to report in his/her capacity as a mandated reporter that (s)he shall immediately notify the tutorial director or his/her designee, who then also shall become responsible to report or cause a report to be made. However, nothing in the law is intended to require more than one report from the agency.

This section of the law basically provides that any mandated reporter must report any situation in which they suspect that a child may be abused or maltreated. The law does not require certainty or proof prior to reporting. It is also important to note that although this section provides for a report to be made to the director or designee, it does not give the administrator the power to prohibit reports from being made to the central register, nor does it relieve the original source from ensuring that a report is made.

Mandated Reporter Status

As stated above, mandated reporters are those individuals required by law to report suspected cases of child abuse and maltreatment. The Tutorial Outreach Programs, by nature of the contact we have with children in the schools and our status as an educational agency are "school officials". Therefore our staff members are mandated reporters. Additionally, the category of child care worker also applies to the type of field staff employed through the Tutorial Outreach Programs.

IV. Reporting Procedures for Tutorial Outreach Program Staff

(1) In-School Personnel

(a) The staff member will inform the tutorial director or his/her designee that a suspected case of child abuse or maltreatment exists.

(b) Immediately thereafter the tutorial staff member will notify the local school administrator who has been designated to receive child abuse/maltreatment reports that a suspected case of child abuse or maltreatment exists. It is then the responsibility of the local school district to complete the reporting procedure. Tutorial personnel will provide any pertinent information necessary for completion of the required report.

(c) The tutorial staff member will report the response of the school designee to the tutorial office.

(d) If twenty-four (24) hours passes without a report being made or the school designee declines to report and the tutor still suspects abuse or

maltreatment, (s)he will call the tutorial office and a report shall be made by the tutorial designee.

(e) The director/designee shall be responsible for ascertaining that a report has been made to the central register.

(2) Support Staff: (i.e.: recruiters, parent educators)

(a) The staff member will inform the tutorial director/designee that a case of suspected child abuse or maltreatment exists.

(b) The tutorial director/designee shall cause a report to be made.

(c) The tutorial director/designee shall be responsible for ascertaining that a report has been made to the central register.

V. Role of the Tutorial Designee

The tutorial designee serves as a liaison for the tutorial with the local county Child Protective Services Unit. Responsibilities of the designee shall include:

(1) Receive staff reports on suspected cases of abuse or maltreatment

(2) Make the oral report to the New York State Central Register if not done by the local school district

(3) File the written report with the local Child Protective Services

(4) Provide any additional information obtained subsequent to the formal report

(5) Receive feedback from Child Protective Services

(6) Coordinate any follow-up tutorial services to affected family

(7) Ensure that someone is responsible for receiving and making reports in the designee's absence.

VI. Specifics of Reporting Procedure

(1) All suspected cases of child abuse and maltreatment must be orally reported to the New York State Central Register of Child Abuse and Maltreatment. The central register is maintained by the New York State Department of Social Services. Staff is available to receive reports twenty-four hours a day, seven days a week. Reports are made by calling the toll-free telephone number: 1-(800)-342-3720; or in Onondaga County (315)-422-9701; or in Monroe County (716)-461-5690.

(2) When the report is given to the tutorial designee and subsequently to the central register, it must contain the following information, if known:

- name and address of the child and his parents or legally responsible guardian

- the child's age, sex, and race

- the nature and extent of the child's injuries, abuse, or maltreatment (including any evidence of prior injuries, abuse, or maltreatment to the child or his siblings)

- the name of the person or persons responsible for causing the injury, abuse, or maltreatment
- family composition
- person making the report and where (s)he can be reached and where (s)he obtained the information
- any action taken by the reporting source
- any additional information which may be helpful

(3) Within 48 hours of the oral report, a written report (DSS-2221-A, Report of Suspected Child Abuse and Maltreatment - attached) must be filed by the tutorial designee with the local county Department of Social Services Child Protective Services Unit. A supply of these is available from the local Department of Social Services.

(4) If tutorial personnel believe a child should be taken into protective custody, this should be noted in the report so that immediate action can be taken by the local Child Protective Service Unit.

VII. Confidentiality of Reports

Reports of suspected child abuse and maltreatment are confidential and may only be made available to those individuals or groups specified by law.

The subjects of a report are among those entitled, upon request, to a copy of all of the information contained in the central register. However, the Commissioner of Social Services is authorized to prohibit the release of data that would identify the person who made the report or who cooperated in the subsequent investigation, if the Commissioner finds that the release of such information will be detrimental to the safety or interests of the reporter.

VIII. Legal Implications for Mandated Reporters

(a) Immunity: Mandated reporters (tutorial personnel) who, in good faith, make a report or take photographs of injury and bruises are immune from any liability, either civil or criminal that might otherwise result from such action. The good faith of any person required to report cases of suspected abuse or maltreatment is presumed.

(b) Liability: Any person required to report who willfully fails to do so is guilty of a Class A misdemeanor; and, civilly liable for the proximate damages caused by the failure to report.

IX. Child Protective Services: Access to School Records

The Federal Family Educational Rights and Privacy Act of 1974 contains several exceptions to the rule that parental consent is needed prior to the disclosure of information from school or other educational agency records.

One such exception is "in a health or safety emergency".

"An educational agency or institution may disclose personally identifiable information from the education records of a student to appropriate parties in connection with emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals."

The following factors must be considered in determining whether an emergency exists:

(1) the seriousness of the threat to the health or safety of the student or other individuals

(2) the need for the information to meet the emergency

(3) whether the parties to whom the information is disclosed are in a position to deal with the emergency, and

While the determination of whether a "health or safety emergency" situation exists must be made on a case-by-case basis, it is generally agreed that child abuse and neglect situations fall within the above exception. This position is adopted because:

(1) reporting a case of suspected child abuse and neglect involves providing Child Protective Services with information to protect the child;

(2) the information is essential because without it measures cannot be taken to protect the child; and,

(3) time is of the essence in reporting suspected child abuse because delay can create the threat of future harm or result in the family leaving the jurisdiction involved.

(Another exception to the requirement for prior written consent exists under 45 CFR 99.31(a) (5) which permits the disclosure to state and local officials to whom such information is specifically required to be disclosed pursuant to state statute adopted prior to November 19, 1974.

The New York State Child Protective Services Act which mandates that mandated reporters report cases of suspected abuse and neglect was passed in 1973.

It should be further noted that the Family Educational Rights and Privacy Act established rules governing tutorial records, thus it has no impact on a teacher or school official who makes a report based on his or her personal knowledge.

However, even though a report may be based on personal observation, or the situation may render the need for consent moot, a record or reference to such a report that is maintained by the tutorial will be available, upon request, to the parent. It is, therefore, recommended that any records relating to suspected child abuse or maltreatment be maintained on a strictly factual basis (i.e. the condition of the child) without any value statements appended.

*The above information has been extracted from guidelines jointly issued by the Fair Information Practice Staff (DHEW) and the National Center on Child Abuse and Neglect (9/77).

FORM DSS-2221-A (10/74) (FACE)

REPORT OF SUSPECTED CHILD ABUSE OR MALTREATMENT

STATE OF NEW YORK — DEPARTMENT OF SOCIAL SERVICES

ORAL RPT. DATE	STATE REGISTRY NO.	LOCAL REGISTRY NO.
TIME ☐ AM ☐ PM	LOCAL CASE NO.	LOCAL AGENCY

Subjects of Report

List all children in household, adults responsible for household, and alleged perpetrators.

Line No.	Last Name	First Name	M.I.	Aliases	Sex (M, F, Unk.)	Birthdate or Age Mo.	Day	Yr.	Ethnic Code (*Over)	Susp. or Relation. Code (**Over)	Check (✓) if Alleged Perpetrator
1											
2											
3											
4											
5											
6											
7											

☐ MORE

LIST ADDRESSES AND TELEPHONE NUMBERS:
HOUSEHOLD — TELEPHONE NO.
OTHERS (Give Line Nos.) — TELEPHONE NO.
TELEPHONE NO.

Basis of Suspicion

Alleged consequences or evidence of abuse or maltreatment - Give child(ren)'s line number(s). If all children, write "ALL".

_____ DOA/Fatality	_____ Child's Drug/Alcohol Use	_____ Educational Neglect
_____ Fractures	_____ Drug Withdrawal	_____ Emotional Neglect
_____ Subdural Hematoma, Internal Injuries	_____ Lack of Medical Care	_____ Lack of Food, Clothing, Shelter
_____ Lacerations, Bruises, Welts	_____ Malnutrition, Failure to Thrive	_____ Lack of Supervision
_____ Burns, Scalding	_____ Sexual Abuse	_____ Abandonment
_____ Excessive Corporal Punishment	_____ Other, specify: _____	

State reasons for suspicion. Include the nature and extent of each child's injuries, abuse or maltreatment, any evidence of prior injuries, abuse or maltreatment to the child or his siblings and any evidence or suspicions of "Parental" behavior contributing to the problem.

(If known, give time and date of alleged incident):
Mo. | Day | Yr. _____
Time _____ ☐ (AM) ☐ (PM)

Sources of This Report

PERSON MAKING THIS REPORT		SOURCE OF THIS REPORT IF DIFFERENT	
NAME	TELEPHONE NO.	NAME	TELEPHONE NO.
ADDRESS		ADDRESS	
AGENCY/INSTITUTION		AGENCY/INSTITUTION	

Relationship (✓ for Reporter, X for Source)
☐ Med. Exam./Coroner ☐ Physician ☐ Hospital Staff ☐ Law Enforcement ☐ Neighbor ☐ Relative
☐ Social Services ☐ Public Health ☐ Mental Health ☐ School Staff ☐ Other (specify) _____

For Use By Physicians Only

Medical Diagnosis on Child

Signature of Physician Who Examined/Treated Child
X

Telephone No.

Hospitalization Required: 0 ☐ None 1 ☐ Under One Week 2 ☐ One - Two Weeks 3 ☐ Over Two Weeks

Actions Taken or About To Be Taken: 0 ☐ Medical Exam 1 ☐ Photographs 2 ☐ X-Ray 3 ☐ Hospitalization 4 ☐ Removal/Keeping 5 ☐ Returned Home 6 ☐ Not. Med. Exam./Coroner 7 ☐ Notified D.A.

Signature of Person Making This Report
X

Title

Date Submitted Mo. | Day | Yr.

BEST COPY AVAILABLE

Indicators of Child Maltreatment

Physical Abuse

Physical Signs	Child's Behavior	Parental Characteristics
Unexplained Bruises or Welts • on several different areas • in clusters, or unusual patterns • in various stages of healing(bruises of different colors, old and new scars) • in the shape of instrument used to inflict them **Unexplained Burns** • in the shape of instrument used to inflict them (cigarette, rope, iron) • caused by immersion into hot liquid (may be glove-like or sock-like) **Unexplained Lacerations or Abrasions** • to mouth, lips, gums • to external genitalia • on the backs of arms, legs, torso **Unexplained Skeletal Injuries** • fractures of skull or face • multiple fractures • stiff, swollen joints • bald spots--from hair pulling • missing or loosened teeth • human-size bite marks (especially if adult size and recurrent) • detached retina (from shaking or hitting) **School Absense Correlates with Appearance of Injury** **Clothing Inappropriate for the Weather (concealing injuries)**	**Extremes in Behavior** • very aggressive • very withdrawn • submissive, overly compliant, caters to adults • hyperactive • depressed/apathetic **Easily Frightened/Fearful** • of parents, adults • of physical contact • of going home • when other children cry **Destructive to Self/Others** **Poor Social Relations** • craves affection • indiscriminate attachment to strangers • relates poorly to peers • manipulates adults to get attention **Reports:** • fear of parent(s) • injuries inflicted by parent • unbelievable reasons for injuries **Demonstrates Poor Self-Concept** **Learning Problems** • poor academic performance • short attention span • language delayed **Chronic Runaway** **Deliquency**	**Conceals the Child's Injury** • gives explanation which doesn't fit the injury or has no explanation • dresses child to cover injury • keeps child home from school **Does Not Appear to be Concerned About the Child** • cares more about what will happen to him or her than what happens to the child **Describe the Child as Bad, Different, Evil** **Believes in Severe Discipline** • or inappropriate discipline for child's age or size **Unrealistic Expectations** • regarding development • regarding emotional gratification (expects child to fill emotional void) **Low Self-Esteem** **Abuses Alcohol/Drugs** **Immature** **Maltreated as a Child**

Sexual Abuse

Difficulty Walking **Torn, Stained or Bloody Underclothing** **Abnormalities in Genital/Anal Areas** • itching, pain, swelling • bruises or bleeding • frequent urinary or yeast infections • pain on urination • vaginal/penal discharge • poor sphincter control **Venereal Disease** **Pregnancy** **Psychosomatic Illness** **States that she/he has been Abused**	**Sudden Drop in School Performance** **Poor Peer Relationships** **Unwillingness to Change** **Clothing for Gym** **Sexual Knowledge Beyond Age** • displays bizzare, sophisticated sexual behavior **Poor Self-Concept** • depressed/apathetic • suicidal **Extremes in Behavior** • sexually agressive • withdrawn/fearful of males **Regression to Earlier Developmental Stage**	**Possessive and Jealous of the Victim** • denies the child normal social contact • accuses the child of sexual promiscuity and seductiveness • is abnormally attentive to the victim **Low Self-Esteem** **Poor Imulse Control** **Was Sexually Abused as a Child** **Abuses Alcohol/Drugs** **Socially Isolated** **Poor Relationship with Spouse** **Believes Child Enjoys Sexual Contact** **Believes Sexual Contact Expresses Familial Love**

Physical Neglect

Poor Growth Pattern • emaciated • distended stomach **Consistent Hunger/Malnutrition** **Poor Hygiene** • lice • body odor **Lacks Appropriate/Necessary Clothing** **Unattended Physical Problems or Medical Needs** • lack of proper immunization • gross dental problems • needs glasses/hearing aids **Constant Lack of Supervision** • especially in dangerous activities or circumstances **Constant Fatigue/Listlessness** • falls asleep in school	**Developmental Lags** • physical, emotional, intellectual **Extremes in Behavior** • hyperactive • aggressive • withdrawn • assumes adult responsibilities • acts in a pseudomature fashion • submissive/overly compliant **Infantile Behavior** **Depressed/Apathetic** • states no one cares **Begs/ Steals Food** • forages through garbage • consistent hunger **Seeks Attention/Affection** • hypochondria **Consistent Absense or Tardiness at School** **Delinquency**	**Apathetic/Passive** **Depressed** **Unconcerned with the Child** • is not bothered by child's lack of basic necessities nor by child's behavior due to his/her negligence • does not seek child care • no food in house **Socially Isolated** **Low Self-Esteem** **Abuses Alcohol/Drugs** **Impulsive** **Mentally Retarded** **Maltreated as a Child** **Unsafe Living Conditions** • chaotic home life, overcrowding • drugs/poisons in reach of children • garbage and/or excrement in living areas

Emotional Maltreatment

Health Problems • obesity • skin disorders--acne • speech disorders--stuttering • asthma, allergies, ulcers **Infantile Behavior** • pants/bedwetting • thumbsucking **Failure-to-Thrive in Infancy** **Poor Appearance**	**Learning Problems** **Developmental Lags** • physical, emotional, intellectual **Extremes in Behavior** • aggressive • withdrawn **Destructive to Self/Others** **Sleep Disorders** **Demonstrates Poor Self-Concept** • depressed/apathetic • suicidal	**Unrealistic Expectations of Child** **Belittles, Rejects, Degrades, Ignores the Child** **Threatens the Child** • with severe punishment • with abandonment **Describes the Child as Bad, Different, Evil** **Low Self-Esteem**

Abstracted from Preventing Child Abuse in the Harvest: A Handbook for Migrant Educators, prepared by ESCAPE: A U.S. Department of Education Section 143 Project in Interstate Coordination. A Program of the New York State Education Department, Migrant Education Unit, under contract with the Family Life Development Center, Department of Human Development and Family Studies, College of Human Ecology, Cornell University. ESCAPE is administered under U.S. Department of Education Contract C-000-589 and New York State Department of Education Project Number 28-84-0026.

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A Resource Directory for Migrant Educators on Preventing Child Abuse and Neglect

ESCAPE: A Project in Interstate Coordination,
a program of the New York State Education Department,
Migrant Education Unit, Richard Bove, Chief; Herbert Gaige, Supervisor.

Funding for this publication was made possible through the Migrant Education Interstate and Intrastate Coordination Program, Section 143, Division of Migrant Education, Compensatory Education Programs, Office of Elementary and Secondary Education, U.S. Department of Education. The content of the Handbook, however, does not necessarily reflect the official position of that agency or its policies, and no endorsement should be inferred from its sponsorship.

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A Resource Directory For Migrant Educators On Preventing Child Abuse and Neglect

Editor: Rebekah Dorman

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ESCAPE
Family Life Development Center
Department of Human Development and Family Studies
New York State College Of Human Ecology
Cornell University
Ithaca, New York
1985

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About ESCAPE . . .

In 1982, ESCAPE (Eastern Stream Child Abuse Prevention and Education) began as a research project with the goal of determining the incidence of child maltreatment among migrant children in the Eastern Stream region of the United States. The results from this research clearly identify migrant children as a population at high risk of being maltreated.

Based upon a count of migrant children in New York State's Central Register for Child Abuse and Maltreatment, migrant children were found to be at about six times greater risk of being abused or neglected than other children. Data from a survey of over 1200 migrant educators in the Eastern Stream also supported this finding.

During ESCAPE's second year the mission of the project expanded to include training of migrant educators, technical assistance to state education agencies on developing programs and policies, and the development and dissemination of informational materials. Research on state incidence rates also continued and studies were conducted in the states of Pennsylvania and Florida. Major accomplishments of the 1983-84 project year include the training of over 500 migrant educators from 34 states; the development of an enhancement to the Migrant Students Record Transfer System (MSRTS) which can track maltreated migrant children; laying the foundation for cooperative efforts between state education agencies and state child protective services through the Multistate Advisory Council; and finally, the production of this handbook and resource directory.

1983-84 Participating States: New York, New Jersey, Massachusetts, Vermont, Pennsylvania, Florida

In ESCAPE's third year (1984-85), the project became national in scope and is providing training to over 1000 migrant educators, primarily at state in-service meetings. ESCAPE staff are training in the states of New Jersey, Pennsylvania, Florida, Louisiana, Kansas, Illinois, and Washington, as well as at the National Migrant Education Conference in Atlanta, Georgia. A supplement to the handbook focused upon the development of prevention programs and upon cultural issues and child maltreatment is being produced and technical assistance is being provided to the states of New Jersey, Minnesota, Illinois, Florida, Washington, Louisiana and Alaska. The research effort in the Eastern Stream is continuing with a state incidence study in New Jersey, and is expanding into the Central and Western Streams with a study in the state of Texas.

1984-85 Participating States: Florida, New Jersey, Louisiana, Illinois, Washington, Texas, Pennsylvania, Alaska, Minnesota, California, Vermont, Massachusetts, New York, Idaho, Maryland, Wisconsin, Montana, Arizona.

ESCAPE Project Personnel

John Doris, Ph.D., *ESCAPE Principal Investigator*, is a professor in the Department of Human Development and Family Studies at Cornell University, and Director of the Family Life Development Center. Trained in clinical psychology and child development at Yale University, Dr. Doris has published in such areas as mental retardation, child abuse and neglect, infant development, and public policy.

Oscar W. Larson III, *ESCAPE Project Director*, has been a member of the ESCAPE staff since November of 1982. He has primary responsibility for program planning and execution, and administers project evaluation activities and the research on the incidence of child maltreatment among the migrant populations of participating states. Mr. Larson was formerly affiliated with the Department of Rural Sociology at Cornell and is pursuing a Ph.D. in that field with an emphasis on research methods and statistical applications. He has prepared a number of papers on the subject of migrant child maltreatment and has co-authored several publications on the sociology of agriculture, environmental sociology, and agrarian politics.

Thomas Hanna, *Executive Staff Assistant, Family Life Development Center*, coordinates administration and program planning for ESCAPE and other projects.

Lorrie Wolverton, *ESCAPE Project Specialist*, has been a Migrant Education Program Coordinator in Oneonta, New York for four years, preceded by seven years as a Migrant Program Curriculum Specialist. She is recognized as a leader in working with migrant educators to prevent child abuse and neglect, and has been presenting workshops in this capacity at Eastern Stream and National Migrant Education Conferences since 1979. Ms. Wolverton holds a Bachelor's Degree in Kindergarten-Primary Education and a Master's Degree in Elementary Education from State University College at Oneonta. Prior to her involvement with migrant education, she taught in the public school systems of New Jersey and New York for seven years.

Rebekah Dorman, *ESCAPE Project Specialist*, has been writing and doing research in the area of parent-child relationships over the past seven years. Her publications include articles on child abuse, teen pregnancy and parenthood, child advocacy, and high-risk parenting. Joining ESCAPE in 1983, Ms. Dorman directs the information dissemination aspect of the project as well as doing training and technical assistance. She received her Bachelor's Degree Cum Laude from Brandeis University with a major in Psychology and is now completing her doctorate in Human Development and Family Studies at Cornell.

Florence Cherry, *Senior Extension Associate, Department of Human Development and Family Studies, Cornell University*, is the cultural consultant to ESCAPE. Prior to joining the Cornell faculty in 1977, Ms. Cherry worked for the Education Development Center as a regional field coordinator. She has been a social worker for the New York City Department of Social Services, and a teacher in the New York City public school system. While still teaching, she co-developed and directed an experimental alternative junior high school that operated with the New York University Medical Center.

Contributing Authors

Michael A. Nunno, *Senior Extension Associate, Family Life Development Center; Child Protective Services Training Institute (CPSTI) Project Director*. Formerly a supervisor-caseworker in charge of Cayuga County's Child Protective Services Unit, he has also served as a special assistant in the Bureau of Child Protective Services, and was a member of a state-local task force to implement the 1973 Child Protective Services Law. Mr. Nunno holds a Master of Social Work degree, and has been involved in coordination and consultation with other universities, organizations, and governing agencies in state, regional, and national training efforts.

Karen Rollo, *Free-Lance Writer/Editor*, has worked on several projects for the Family Life Development Center. Her free-lance experience includes script and textbook writing for instructional video tapes, and developing marketing and promotional materials for various organizations. Formerly, she was communications coordinator with Cornell Cooperative Extension in Tompkins County where, in addition to her media responsibilities, she helped with program development and served as liaison to several community groups including the Day Care Council, Displaced Homemakers, and the Task Force for Battered Women.

ESCAPE Multistate Advisory Council
1983–84

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Migrant Support Services

Melvin Herring, Administrator
Central Admissions and Interstate Compact
Department of Health and Rehabilitative Services

Massachusetts

Daniel McAllister, Program Director
Migrant Education Program

Claudia Boldman, Senior Program Analyst
Department of Social Services

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Migrant Education Program

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Office of Children, Youth, and Families

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New England Resource Center for Children and Families

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New York State Federation on Child Abuse and Neglect

Maxwell Dyer, Assistant Director for User Services
Migrant Student Record Transfer System

Pat Hogan, Education Program Specialist
U.S. Education Department

Robert Horowitz, Assistant Director
National Legal Resource Center for Child Advocacy and Protection

Acknowledgements

Many, many people from the organizations listed in this directory, and others not listed, graciously provided information to us. Their assistance is gratefully acknowledged.

Foreword

In 1978 when I first became aware of the problem of child maltreatment in the migrant families I worked with, I began searching for information and resources to use with my staff. To my dismay, I quickly found that such resources were limited, often unavailable when needed, and sometimes expensive. Through my area child abuse and neglect center I located a few good materials that served as a beginning for our education program. This trial and error process was time consuming and often frustrating.

Fortunately, you will not have to face that struggle. Today there are many resources and organizations for you to turn to for assistance and your problem might be how to choose among them. A Resource Directory for Migrant Educators on Preventing Child Abuse brings together for you many of the organizations, resources and agencies you will need to provide programs and services for migrant children and families. As you read the handbook, you may have thought the task of dealing with child maltreatment was too great for you, your school, or your parent group to attempt. This directory will lead you to your partners in the field. You will soon find that one contact leads to another and soon there will be many paths you can follow and many people to help you travel them.

Lorrie Wolverton
ESCAPE Project Specialist

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Iowa
Kansas
Kentucky
Southeastern Louisiana
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Greater Boston (MA)
Michigan
Minnesota
Greater Jackson (MS)
Jones County (MS)
Missouri
Nebraska
Northern Nevada
Southern Nevada

New Hampshire
New Jersey
New York
North Carolina
Central Ohio
Oregon
Rhode Island
Midlands (SC)
Piedmont (SC)
Rapid City (SD)
Middle Tennessee
El Paso (TX)
Houston (TX)
Houston (TX)
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How To Get The Most Out Of This Directory

Taking Action to prevent child abuse and neglect is no simple task–but neither is it an impossible one. This directory has been designed specifically to help you, the migrant educator, address this important challenge. It is your guide to the many varied resources available to help you in advocating for legislation; creating or supporting programs; educating yourself and others; obtaining assistance for migrant families; and dealing with maltreated children and their families. A wealth of expertise is represented on the following pages, however it is your desire and commitment to act on behalf of migrant children and families which are the essential ingredients for successful prevention efforts.

To assist you in locating the most appropriate resource for your needs, the directory is divided into four major sections: State Resources, National Resources, Community Resources, and Resource Materials. Each of these sections is further divided into topic areas which reflect the major thrust of the organizations. In addition, there is an alphabetical index by organization name at the end of the directory.

Most organizations listed provide information, technical assistance and/or. resource materials; a smaller number are involved in direct service provision. We have noted, whenever possible, which materials are available in Spanish. However, it is recommended that you inquire directly of the organization regarding specific materials which you are interested in obtaining in Spanish.

The Personal Resource Directory has been provided as a handy tool for you to use in recording important contact information and resources which you identify in your state and community. The community listings which we have provided are necessarily quite general and limited. Local sources will be the most informative guide to finding community resources. The public library, telephone directory, child protective unit, information and referral service, and county Cooperative Extension office are some places to contact.

This directory is only designed as a beginning point for your search for resources–new and exciting programs are continually being developed. If you locate an outstanding resource which we have not listed please contact us with the information.

Good luck!

Rebekah Dorman, Editor

Personal Resource Directory

Please use this page to record information about your state and local resources. This Directory will be a handy reference for you and can be shared with others.

Child Abuse and Neglect Reporting Phone Number _____

State Child Protective Services
Address _____

_____

Phone _____

Contact Person _____

Local Child Protective Services
Address _____

_____

Phone _____

Contact Person _____

NCPCA State Chapter
Address _____

_____

Phone _____

Contact Person _____

Child Advocacy Organization
Address _____

_____

Phone _____

Contact Person _____

County Cooperative Extension
Address _____

_____

Phone _____

Contact Person _____

Community Program
Address _____

_____

Phone _____

Contact Person _____

Miscellaneous Notes:

State Resources

Resources on child abuse and neglect within your state are especially important because laws and standards regarding the definition, reporting, and treatment of child maltreatment are state specific and experts in these areas will, therefore, only be found within your state. We have provided four major types of state resources: State Child Protection Agencies, National Committee for Prevention of Child Abuse Chapters, state child advocacy organizations, and child abuse and neglect resources.

State Child Protective Services Agencies

I. Where to Report Child Maltreatment

Listed below are the agencies responsible for administering child protective services in every state and U.S. territory. Procedures for reporting vary by state so take a moment now to familiarize yourself with the procedure in your locale and to jot down the phone number in the Personal Directory provided at the beginning of this directory. If the number is not listed below, please take some time now to look up the number in the phone book and record it along with the address. This will prevent any delays if and when you need to make a report.

II. Child Protective Services as a Resource

CPS is more than just an agency to receive and investigate your report. In some states, CPS may have special statewide units designed to help communities with training and prevention. Local agencies, too, may provide you with information and you can, in return, familiarize local CPS workers with the special needs and characteristics of migrant families. If you identify yourself as a resource to CPS the foundation of a strong cooperative relationship is formed. You have much expertise to share with CPS workers concerning migrant families in your area. And all it takes is a phone call to get started... Record the address and phone number of your local CPS unit now in the Personal Directory. You may also wish to share it with your colleagues and post it prominently in your office.

The following list of state and territory agencies was abstracted from Everything You Always Wanted to Know About Child Abuse and Neglect and Asked!, prepared by the Clearinghouse on Child Abuse and Neglect Information, National Center on Child Abuse and Neglect (NCCAN).

Alabama:
Department of Pensions and Security
64 North Union St.
Montgomery, AL 36130

Reports made to County 24-hour emergency telephone services.

Alaska:
Department of Health and Social Services
Division of Family and Youth Services
Pouch H-05
Juneau, AK 99811

Reports made to Division of Family and Youth Services Regional Offices.

American Samoa:
Government of American Samoa
Office of the Attorney General
Pago Pago, AS 96799

Reports made to the Department of Medical Services.

Arizona:
Department of Economic Security
1717 W. Jefferson St.
P.O. Box 6123
Phoenix, AZ 85005

Reports made to local Department of Economic Security Offices.

Arkansas:
Department of Human Services
Social Services Division
P.O. Box 1437
Little Rock, AR 72203

Reports made to the statewide hotline (800) 482-5964 (toll-free).

California:
Department of Social Services
714-744 P St.
Sacramento, CA 95814

Reports made to County Social Services Departments or the Central Registry of Child Abuse (916) 445-7546.

Colorado:
Department of Social Services
1575 Sherman St.
Denver, CO 80203

Reports made to County Departments of Social Services.

Connecticut:
Department of Children and Youth Services
Division of Children and Youth Services
170 Sigourney St.
Hartford, CT 06105

Reports made to the statewide hotline (800) 842-2288 (toll-free).

Delaware:
Department of Health and Social Services
Division of Social Services
P.O. Box 309
Wilmington, DE 19899

Reports made to the statewide hotline (800) 292-9582 (toll-free).

District of Columbia:
Department of Human Services
Commission on Social Services
Family Services Administration
Child Protective Services Division
First and I Sts., NW
Washington, DC 20024

Reports made to (202) 727-0995.

Florida:
Department of Health and Rehabilitative Services
1328 Winewood Blvd.
Tallahassee, FL 32301

Reports made to the statewide hotline (800) 342-9152 (toll-free).

Georgia:
Department of Human Resources
47 Trinity Ave., SW
Atlanta, GA 30334

Reports made to County Departments of Family and Children Services.

Guam:
Child Welfare Services
Child Protective Services
P.O. Box 2816
Agana, GU 96910

Reports made to the Child Protective Services Agency at 646-8417.

Hawaii:
Department of Social Services and Housing
Public Welfare Division
Family and Children's Services
P.O. Box 339
Honolulu, HI 96809

Reports made to the hotline operated by Kapiolani-Children's Medical Center on Oahu, and to branch offices of the Public Welfare Division on other islands.

Idaho:
Department of Health and Welfare
Child Protection
Division of Welfare
Statehouse
Boise, ID 83702

Reports made to Department of Health and Welfare Regional Offices.

Illinois:
Department of Children and Family Services
State Administrative Offices
One North Old State Capitol Plaza
Springfield, IL 62706

Reports made to the statewide hotline (800) 25-ABUSE (toll-free).

Indiana:
Department of Public Welfare
Divison of Child Welfare - Social Services
141 South Meridian St.
6th Floor
Indianapolis, IN 46225

Reports made to County Departments of Public Welfare.

Iowa:
Department of Social Services
Division of Community Programs
Hoover State Office Building
Fifth Floor
Des Moines, IA 50319

Reports made to the statewide hotline (800) 362-2178 (toll-free).

Kansas:
Department of Social and Rehabilitation Services
Division of Social Services
Child Protection and Family Services Section
Smith-Wilson Building
2700 W. Sixth
Topeka, KS 66606

Reports made to County Departments of Social and Rehabilitation Services.

Kentucky:
Department for Human Resources
Bureau for Social Services
275 E. Main St.
Frankfort, KY 40621

Reports made to County Social Services Offices within four regions of the state.

Louisiana:
Department of Health and Human Resources
Office of Human Development
P.O. Box 44367
Baton Rouge, LA 70804

Reports made to the Parish Human Development Protective Service units. A statewide toll-free reporting hotline is currently being established.

Maine:
Department of Human Services
Human Services Building
Augusta, ME 04333

Reports made to regional Human Services Offices or to the statewide hotline at (800) 452-1999 (toll-free).

Maryland:
Department of Human Resources
Social Services Administration
300 W. Preston St.
Baltimore, MD 21201

Reports made to County Departments of Social Services or to local law enforcement agencies.

Massachusetts:
Department of Social Services
Protective Services
150 Causeway St.
Boston, MA 02114

Reports made to Social Services Regional Offices, or to the Child-At-Risk statewide hotline (800) 792-5200 (toll-free), operated by the Judge Baker Guidance Center under contract with the Massachusetts Department of Social Services.

Michigan:
Department of Social Services
300 S. Capitol Ave.
Lansing, MI 48926

Reports made to County Departments of Social Services.

Minnesota:
Department of Public Welfare
Centennial Office Building
St. Paul, MN 55155

Reports made to the County Welfare or Social Services Departments.

Mississippi:
Department of Public Welfare
Division of Social Services
P.O. Box 352
Jackson, MS 39205

Reports made to the statewide hotline (800) 222-8000 (toll-free).

Missouri:
Department of Social Services
Division of Family Services
Broadway Building
Jefferson City, MO 65101

Reports made to the statewide hotline (800) 392-3738 (toll-free).

Montana:
Department of Social and Rehabilitation Services
Social Services Bureau
P.O. Box 4210
Helena, MT 59601

Reports made to County Departments of Social and Rehabilitation Services.

Nebraska:
Department of Social Services
301 Centennial Mall South
5th Floor
Lincoln, NE 68509

Reports made to local law enforcement agencies or to Social Services Departments.

Nevada:
Department of Human Resources
Division of Welfare
251 Jeanell Dr.
Carson City, NV 89710

Reports made to County Division of Welfare Offices.

New Hampshire:
Department of Health and Welfare
Division of Welfare
Bureau of Child and Family Services
Hazen Dr.
Concord, NH 03301

Reports made to Division of Welfare District Offices, or contact the statewide information and referral number (800) 852-3311 (toll-free).

New Jersey:
Division of Youth and Family Services
P.O. Box 510
One S. Montgomery St.
Trenton, NJ 08625

Reports made to the statewide hotline (800) 792-8610 (toll-free). District Offices also provide 24-hour telephone service.

New Mexico:
Department of Human Services
P.O. Box 2348
Santa Fe, NM 87503

Reports made to County Social Services Offices or to the statewide hotline (800) 432-6217 (toll-free).

New York:
Department of Social Services
Child Protective Services
40 N. Pearl St.
Albany, NY 12207

Reports made to the statewide hotline (800) 342-3720 (toll-free).

North Carolina:
Department of Human Resources
Division of Social Services
325 N. Salisbury St.
Raleigh, NC 27611

Reports made to County Departments of Social Services.

North Dakota:
Department of Human Services
Social Services Division
Children and Family Services Unit
Child Abuse and Neglect Program
State Capitol
Bismarck, ND 58505

Reports made to Board of Social Services Area Offices and to 24-hour reporting services provided by regional Human Service Centers.

Ohio:
Department of Public Welfare
Bureau of Children Services
Children's Protective Services
30 E. Broad St.
Columbus, OH 43215

Reports made to County Departments of Public Welfare

Oklahoma:
Department of Human Services
P.O. Box 25352
Oklahoma City, OK 73125

Reports made to the statewide hotline (800) 522-3511 (toll-free).

Oregon:
Department of Human Resources
Children's Services Division
Protective Services
509 Public Services Building
Salem, OR 97310

Reports made to local Children's Services Division Offices and to (503) 378-3016.

Pennsylvania:
Department of Public Welfare
Office of Children, Youth and Families
Bureau of Family and Community Programs
P.O. Box 2675
Harrisburg, PA 17120

Reports made to the statewide hotline (800) 932-0313 (toll-free).

Puerto Rico:
Department of Social Services
Services to Families With Children
P.O. Box 11398
Fernandez Juncos Station
Santurce, PR 00910

Reports made to local offices or to the Department of Social Services.

Rhode Island:
Department for Children and Their Families
610 Mt. Pleasant Ave.
Providence, RI 02908

Reports made to the statewide hotline (800) 662-5100 (toll-free), or to District Offices.

South Carolina:
Department of Social Services
P.O. Box 1520
Columbia, SC 29202

Reports made to County Departments of Social Services.

South Dakota:
Department of Social Services
Office of Children, Youth and Family Services
Richard F. Kneip Building
700 N. Illinois St.
Pierre, SD 57501

Reports made to County Social Services Departments.

Tennessee:
Department of Human Services
State Office Building
Room 410
Nashville, TN 37219

Reports made to County Human Services Offices.

Texas:
Department of Human Resources
Office of Services to Families and Children
P.O. Box 2960
Austin, TX 78701

Reports made to the statewide hotline (800) 252-5400 (toll-free).

Utah:
Department of Social Services
Division of Family Services
150 W. North Temple St.
Salt Lake City, UT 84103

Reports made to Division of Family Services District Offices.

Vermont:
Department of Social and Rehabilitative Services
Social Services Division
103 S. Main St.
Waterbury, VT 05676

Reports made to Social Services District Offices (24-hour services).

Virgin Islands:
Department of Social Welfare
Division of Social Services
P.O. Box 500
Charlotte Amalie
St. Thomas, VI 00801

Reports made to the Division of Social Services.

Virginia:
Department of Welfare
Bureau of Child Welfare Services
8007 Discovery Dr.
Richmond, VA 23288

Reports made to the statewide hotline (800) 552-7096 (toll-free), and to (804) 281-9081 from outside the state.

Washington:
Department of Social and Health Services
Community Services Division
Child Protective Services
Mail Stop OB 41-D
Olympia, WA 98504

Reports made to local Social and Health Services Offices.

West Virginia:
Division of Social Services
Child Protective Services
State Office Building
1900 Washington St. E.
Charleston, WV 25305

Reports made to the statewide hotline (800) 352-6513 (toll-free).

Wisconsin:
Department of Health and Social Services
Division of Community Services
One West Wilson St.
Madison, WI 53702

Reports made to County Social Services Offices.

Wyoming:
Department of Health and Social Services
Division of Public Assistance and Social Services
Hathaway Building
Cheyenne, WY 82002

Reports made to County Departments of Public Assistance and Social Services.

The National Committee for the Prevention of Child Abuse (NCPCA)

This private, nonprofit organization is dedicated to preventing the problem of child abuse and neglect through public awareness campaigns, advocacy, and support for community-based prevention programs. At the national level, the NCPCA conducts media campaigns and research, as well as producing and disseminating various publications. A free copy of the publications catalogue can be obtained by writing to the address below. In addition, there are state NCPCA chapters throughout the country which focus on local and state prevention efforts and are excellent resources for obtaining information about community programs, legislation, and state resources. Listed below is the most up-to-date list of NCPCA chapters (as of February 1985), however, new chapters are being initiated–so if you cannot find a chapter located near you on the list below, please check with the national headquarters for the most current information.

National Headquarters
325 S. Michigan Ave.
Suite 1250
Chicago, IL 60604
(312) 663-3520

Alabama:
Naomi Griffith, Exec. Director
North Alabama Chapter, NCPCA
P.O. Box 119
Decatur, AL 35602
(205) 552-1816

Terresa Ann Fennell, Exec. Director
Greater Alabama Chapter, NCPCA
United Way Building
P.O. Box 2638
Anniston, AL 36202
(205) 237-6097

Alaska:
Millie Andreini, Exec. Director
South Central Alaska Chapter, NCPCA
Center for Children and Parents
808 "E" St., Suite 200
Anchorage, AK 99501
(907) 276-4994

Diane Worley, Exec. Director
Fairbanks Chapter, NCPCA
Resource Center for Children and Parents
809 College Rd.
Fairbanks, AK 99701
(907) 456-2866

California:
Paul Crissey, Program Director
California Chapter, NCPCA
1401 Third St., #13
Sacramento, CA 95814
(916) 448-9135

Deanne Tilton, President
California Chapter, NCPCA
McLaren Hall
4024 N. Durfee Ave.
El Monte, CA 91732
(818) 575-4362

Colorado:
Sheri F. Shink
Denver Chapter, NCPCA
Metropolitan Child Protection Council
1732 High St.
Denver, CO 80218
(303) 333-1946

Connecticut:
Donna Davies, Exec. Director
Connecticut Chapter, NCPCA
60 Lorraine St.
Hartford, CT 06105
(203) 236-4868

Delaware:
Bob Hall, Admin. Coord.
Delaware Chapter, NCPCA
124 "D" Senatorial Dr. Greenville Pl.
Wilmington, DE 19807
(302) 654-1102

District of Columbia:
Joan Danzansky, Exec. Director
DC Chapter, NCPCA
1690 36th St., NW
Washington, DC 20007
(202) 965-1900

Florida:
Dick Webber, President
Florida Chapter, NCPCA
Florida Committee for Prevention
of Child Abuse
P.O. Box 1352
Del Ray Beach, FL 33447-1352
(305) 278-8510

Georgia:
Bonnie Engle, Exec. Director
Georgia Chapter, NCPCA
250 Georgia Ave., SE
Suite 203
Atlanta, GA 30312
(404) 688-0581

Hawaii:
Kate Sorensen, Administrator
Colleen Sullivan, President
Hawaii Chapter, NCPCA
250 Hotel St., Room 300
Honolulu, HI 96813
(808) 524-5600, ext. 218

Idaho:
Tom Hearn, President
Idaho Chapter, NCPCA
P.O. Box 1866
Coeur d' Alene, ID 83814
(208) 667-3461

Illinois/Iowa:
Roy Harley, Exec. Director
Quad Cities Chapter, NCPCA
525 16th St.
Moline, IL 61265
(309) 764-7017

Indiana:
Peggy Egan, President
Indiana Chapter, NCPCA
P.O. Box 1186
Lafayette, IN 47902
(317) 742-5046

Iowa:
Norm Ostbloom, Exec. Diretor
Iowa Chapter, NCPCA
3701-1/2 Douglas Ave.
Des Moines, IA 50310
(515) 281-6327

Kansas:
Bob Williams, Exec. Director
Kansas Chapter, NCPCA
435 S. Kansas, 2nd Floor
Topeka, KS 66603
(913) 354-7738

Kentucky:
Joan Johnson, President
Kentucky Chapter, NCPCA
4109 Pecunnie Way
Louisville, KY 40218
(502) 491-3310

Louisiana:
Linda Hardie, President
Southeastern Louisiana Chapter, NCPCA
1550 Second St., Apt. 7C
New Orleans, LA 70130
(504) 897-0532

Maine:
Marilyn Staples, Coordinator
York County Chapter, NCPCA
York County Child Abuse and Neglect
Council, Inc.
121 Main St.
Biddeford, ME 04005
(207) 282-6191

Massachusetts:
Jetta Bernier, Exec. Director
Greater Boston Chapter, NCPCA
Massachusetts Committee for Children and Youth
14 Beacon St., #706
Boston, MA 02108
(617) 742-8555

Michigan:
Jean M. Smith, Exec. Director
Michigan Chapter, NCPCA
116 W. Ottawa St., Suite 601
Lansing, MI 48933-1602
(517) 485-9113

Minnesota:
Edward J. Smith, Exec. Director
Minnesota Chapter, NCPCA
123 E. Grant St., #1110
Minneapolis, MN 55403
(612) 872-7151

Mississippi:
Mike Lee, Exec. Director
Greater Jackson Chapter, NCPCA
2906 N. State, Suite 401
Jackson, MS 39216
(601) 366-0025

Dr. Robert J. Berg, President
Jones County Chapter, NCPCA
120 S. 11th Ave.
Laurel, MS 39440
(601) 649-5728

Missouri:
Peggy Pearl, President
Missouri Chapter, NCPCA
847 S. Pickwick
Springfield, MO 65804
(w) (417) 836-5000 or 5880
(h) (417) 869-2693

Nebraska:
Pat Street, President
Nebraska Chapter, NCPCA
6201 Pine Lake Rd.
Lincoln, NE 68516
(402) 471-7940

Nevada:
Candy Hunter, President
Northern Nevada Chapter, NCPCA
P.O. Box 6274
Washoe County District Health Dept.
Reno, NV 89513
(702) 785-4290

John Sarb, Exec. Director
Southern Nevada Chapter, NCPCA
606 S. Ninth St.
Las Vegas, NV 89101
(702) 384-0713

New Hampshire:
Shirley Ganem, Exec. Director
New Hampshire Chapter, NCPCA
P.O. Box 607
Concord, NH 03301
(603) 225-5441

New Jersey:
Mary Beth Pavelec, Exec. Director
New Jersey Chapter, NCPCA
17 Academy St., Suite 709
Newark, NJ 07102
(201) 643-3710

New York:
James Cameron, Exec. Director
New York Chaper, NCPCA
151 Chestnut St.
Albany, NY 12210
(518) 463-1896

North Carolina:
Joyce Vonderweidt, President
North Carolina Chapter, NCPCA
321 Ashe Ave.
Raleigh, NC 27606
(919) 733-6895

Ohio:
Russel Miller, Exec. Director
Central Ohio Chapter, NCPCA
League Against Child Abuse
360 S. Third St.
Columbus, OH 43215
(614) 464-1500

Oregon:
Robert Bailey, President
Oregon Chapter, NCPCA
232-W N.E. Lincoln
Hillsboro, OR 97123
(503) 640-3446

Rhode Island:
John Symynkywicz, President
Rhode Island Chapter, NCPCA
460 S. Main St.
Woonsocket, RI 02895
(401) 766-0900

South Carolina:
Jules Riley, Exec. Director
Midlands Chapter, NCPCA
1800 Main St., Suite 2C
Columbia, SC 29201
(803) 733-5430

Betty Jean Mahlstedt, President
Piedmont Chapter, NCPCA
411 Wembley Dr.
Greenville, SC 29607
(803) 288-5629

South Dakota:
Pam Sutterfield, President
Rapid City Chapter, NCPCA
Child Protection Council of Rapid City
P.O. Box 2507
Rapid City, SD 57707
(w) (605) 348-7250
(h) (605) 787-5620

Tennessee:
Jack Wallace
Middle Tennessee Chapter, NCPCA
5701 Knob Rd.
Nashville, TN 37209
(615) 352-3010

Texas:
Ann Adams
El Paso Chapter, NCPCA
P.O. Box 13489
El Paso, TX 79912
(915) 779-7311

Julie Cohn
Houston Chapter, NCPCA
P.O. Box 1562
Houston, TX 77251
(713) 222-3141

Jennie Mareka Bollinger
Houston Chapter, NCPCA
12714 Skynoll Lane
Houston, TX 77082
(713) 497-5598

Mary Guevara, President
Laredo Chapter, NCPCA
P.O. Box 2579
Laredo, TX 78041-2579
(512) 722-5174

Dr. Rafael Garcia, President
South Plains Chapter, NCPCA
Texas Tech. Univ. Health
Sciences Center
School of Medicine
Lubbock, TX 79430
(806) 743-2310

Mary Taylor, Exec. Director
San Antonio Chapter, NCPCA
1101 W. Woodlawn
San Antonio, TX 78201
(512) 732-1051

Utah:
Marilyn Sandberg, President
Utah Chapter, NCPCA
P.O. Box 349
385 24th St.
Odgen, UT 84401
(801) 621-8270

Vermont:
Roman Kokodyniak, Director
Chittendon County Chapter, NCPCA
Council for Children and Families
1110 Pine St.
Burlington, VT 05401
(802) 863-1327

Virginia:
Barbara Rawn, Exec. Director
Virginia Chapter, NCPCA
205 W. Franklin St.
Richmond, VA 23220
(804) 780-3909

Washington:
Moselle Sims, Exec. Director
King County/Seattle Chapter, NCPCA
1211 E. Adler
Seattle, WA 98122
(206) 343-2590

Danica Dodd, President
Clark County Chapter, NCPCA
Office of the Attorney General
500 W. 8th St., Suite 55
Vancouver, WA 98660
(206) 696-6471

West Virginia:
Charlotte Perry, Exec. Director
Southern W. Virginia Chapter, NCPCA
P.O. Box 2611
Charleston, WV 25329
(304) 344-5437

Wisconsin:
Sally Casper, Director
Wisconsin Chapter, NCPCA
1045 E. Dayton St., Room 202D
Madison, WI 53703
(608) 256-3374

Child Advocacy Organizations

Many states have a statewide child advocacy organization which is focused on improving the lives of children in that state. Advocating for legislation, improving services to children, and public awareness campaigns on children's issues are common activities.

National Association of State-Based Child Advocacy Organizations

c/o James Lardie, Exec. Dir.
Institute for Child Advocacy
2800 Euclid Ave.
Cleveland, OH 44115
(216) 579-1460

This Association, comprised of some state advocacy groups, is working to strengthen child advocacy in states–there is no federal agenda. The Association's goal is to change state policies and programs which are not in the best interests of children and to ensure programs for poor, abused, neglected, delinquent, and homeless children.

Below is a partial list of advocacy organizations. If an organization is not listed for your state, check your local public library or other information source to find out about state organizations.

California:
California Children's Lobby
1500 4th St.
P.O. Box 448
Sacramento, CA 95002
(916) 444-7477

District of Columbia:
Child Advocacy Center
1341 G. St., N.W.
Suite 505
Washington, DC 20005
(202) 638-4031

Florida:
Florida Center for Children and Youth
P.O. Box 6646
Talahassee, FL 32314
(904) 222-7140

Georgia:
Georgia Alliance for Children, Inc.
134 Peachtree St., N.W., Suite 1410
Atlanta, GA 30303
(404) 588-0708

Kansas:
Kansas Action for Children, Inc.
P.O. Box 5283
Topeka, KS 66605
(913) 232-0550

Kentucky:
Kentucky Youth Advocates
2024 Woodford Place
Louisville, KY 40205
(502) 456-2140

Massachusetts:
Massachusetts Advocacy Center
76 Summer St., 5th Floor
Boston, MA 02110
(617) 357-8431

Missouri:
Citizens For Missouri's Children
4144 Lindell Blvd.
St. Louis, MO 63108
(314) 535-6995

New Jersey:
Association for Children of New Jersey
17 Academy St., Suite 709
Newark, NJ 07102
(201) 643-3876

New Mexico:
New Mexico Youth Alliance
160 Washington, S.E. #42
Albuquerque, NM 87108
(505) 242-7718

New York:
Statewide Youth Advocacy, Inc.
426 Powers Building
Rochester, NY 14614
(716) 454-5419

North Carolina:
North Carolina Child Advocacy Institute
P.O. Box 1741
Raleigh, NC 27602
(919) 834-6623

Ohio:
Institute for Child Advocacy
2800 Euclid Ave.
Cleveland, OH 44115
(216) 579-1460

Oklahoma:
Oklahoma Institute for Child Advocacy
Fidelity Bank Plaza, Suite 1208
Oklahoma City, OK 73102
(405) 236-2789

Texas:
Texas Institute for Families
1100 Richmond Blvd.
Houston, TX 77036
(713) 497-8719

Vermont:
Vermont Children's Forum
Bloss Rd., #1860
Montpelier, VT 05602
(802) 223-6079

Wisconsin:
Youth Policy and Law Center
30 W. Mifflin
Madison, WI 53703
(608) 263-5533

Child Abuse and Neglect Resource Centers

These centers are primarily focused on child abuse and neglect and/or concerned with child welfare issues.

California:

Child Assault Prevention Training Center of Northern California
1495 Rose St., #6
Berkeley, CA 94702
(415) 428-1516

Southern California Child Abuse Prevention Training Center
California State University
Dept. of Special Education
5151 State University Dr.
Los Angeles, CA 90032
(213) 224-3283

These Centers currently provide prevention training in public schools to parents, teachers, and children. Their primary mandate is to serve as resource center to county prevention training centers which will be in operation in late 1985. Both the county centers and the regional center are funded through the state Office of Child Abuse Prevention.

Office of Child Abuse Prevention
State Dept. of Social Services
744 P St., M.S. 9-100
Sacramento, CA 95814
(916) 323-2888

This is the statewide office overseeing prevention activities. Information about the type and location of local projects can be obtained from OCAP.

New England:

Judge Baker Guidance Center
295 Longwood Ave.
Boston, MA 02115
(617) 232-8390

The Center offers a variety of programs for children, individuals, and families through direct services and parenting education programs. A toll-free hotline (800) 792-5200, staffed 24 hours/day under contract with the Massachusetts Department of Social Services, receives reports of suspected cases of child abuse or neglect, provides emergency crisis counseling and information and referral assistance. The Center also provides educational programs and technical assistance to school and community groups on a variety of family-related topics, and provides clinical services and training for state DSS staff, and other professionals working with children and families.

New England Association of Child Welfare Commissioners and Directors
Judge Baker Guidance Center
Room 344, 295 Longwood Ave.
Boston, MA 02115
(607) 232-8390, Ext. 2608

Initiated by child welfare commissioners in the New England region, the purpose of the Association is to exchange information and to improve child welfare management and services to children and families.

Pennsylvania:

Education Law Center
2100 Lewis Tower Bldg.
225 S. 15th St.
Philadelphia, PA 19102
(215) 732-6655

ELC is a nonprofit law firm working to ensure that quality public education services are available to all Pennsylvania children. Besides representing children and providing free legal help to parents, ELC conducts parent training programs, develops and distributes publications, and informs parents about important developments in education laws and regulations. ELC also has an office in Newark, NJ.

Southeastern States:

Southeastern Resource Center for Children and Youth Services
Office of Continuing Social Work Education
University of Tennessee Social Work School
1838 Terrace Ave.
Knoxville, TN 37996-3920
(615) 974-6015

The Center serves the states of Alabama, Florida, Georgia, Kentucky, Tennessee, Mississippi, North Carolina, and South Carolina and provides information and referrals on issues affecting children and youth. A resource library is also available.

Northwestern States:

Northwest Resource Center for Children, Youth, and Families
University of Washington School of Social Work
4101 15th Ave., NE
Seattle, WA 98195
(206) 543-1517

This Resource Center serves the states of Washington, Oregon, Alaska, and Idaho and provides information, consultation, training and technical assistance to child and family service providers and community groups aimed at supporting families. A circulating library with many materials focused on child abuse and neglect is also maintained.

National Resources

The following organizations are either national in scope, or unique in purpose, and therefore of national importance. Each resource is only listed under one subject area, however, in many cases an organization is engaged in a variety of activities. Please rely on the program descriptions accompanying each listing for a more complete description of activities and to locate the resource best suited to your needs.

Advocacy

Center for Women Policy Studies (CWPS)
2000 P St., NW, Suite 508
Washington, DC 20036-5997
(202) 872-1770

The Center is a nonprofit research institute that conducts policy research and develops information on a variety of issues affecting women and children. A journal, "RESPONSE to the Victimization of Women and Children," is available by subscription.

Children's Defense Fund (CDF)
122 C St., NW, 4th Floor
Washington, DC 20001
(202) 628-8787
(800) 424-9602 (toll-free)

A privately supported organization engaged in child advocacy and research. The toll-free number is a service for those wanting current information on federal legislation and regulations concerning children. A newsletter is available on a subscription basis. You may also use the toll-free number to locate an advocacy group for children in your area, or to request a catalogue of publications and posters available from CDF.

National Child Abuse Coalition (NCAC)
1125 15th St., NW
Suite 300
Washington, DC 20005
(202) 293-7550

A consortium of primarily national organizations working together to promote effective social policies concerning child abuse and neglect.

National Coalition Against Domestic Violence (NCADV)
1500 Massachusetts Ave., NW, Suite 35
Washington, DC 20005
(202) 347-7017

This is a grass roots membership organization formed to provide a strong national voice for the battered women's movement. NCADV has completed an Employment Training and Small Business Project to economically empower battered women of color and battered rural women. The project included the creation of a national network of job placement opportunities for battered women, and the publication of a reference guide on the development of economic self-sufficiency models for shelter programs. The project's training curriculum is now available. NCADV membership is composed of independently operated shelters for battered women and their families. To locate a shelter in your area, write or telephone the coalition.

Child Abuse and Neglect

American Association for Protecting Children (Formerly the Children's Division of the American Humane Association)
9725 E. Hampden Ave.
Denver, CO 80231
(303) 695-0811

National federation headquarters for all U.S. humane agencies and an information service center for child welfare organizations. Issues a variety of inexpensive publications and serves as a clearinghouse for statistical information.

C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect
1205 Oneida St.
Denver, CO 80220
(303) 321-3963

A treatment, research, and training center for abusive families and abused children. The Center sponsors symposia and conferences on child abuse and neglect issues; and publishes books and resource packets of interest to students, researchers, and professionals.

Center for the Prevention of Sexual and Domestic Violence: An Interreligious Educational Ministry
1914 N. 34th St., Suite 205
Seattle, WA 98103
(206) 634-1903

The Center is a unique educational and training resource focused on working in the religious community: training ministers and lay leaders to deal with problems; helping those with questions

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find appropriate help, and helping to change the fundamental beliefs and practices which allow abuse to continue. The Center sponsors conferences, provides training and information, and produces publications including a nationally distributed newsletter.

Childhelp USA
6463 Independence Ave.
Woodland Hills, CA 91367
(213) 347-7280
(800) 4-A-CHILD (National toll-free Child Abuse Hotline)

A national nonprofit organization for the prevention and treatment of child abuse and neglect, Childhelp sponsors the National Advisory Service for Professionals, provides treatment programs and crisis care, and conducts research projects. The hotline provides professionals with information, referrals, consultation, and reporting assistance. Pamphlets on child abuse are available in English and Spanish.

Clearinghouse on Child Abuse and Neglect Information
National Center on Child Abuse and Neglect (NCCAN)
P.O. Box 1182
Washington, DC 20013
(301) 251-5157

An annual catalogue of NCCAN publications is available through the clearinghouse free of charge. This catalogue provides bibliographic information and brief annotations for each publication currently available from NCCAN along with document ordering information. Single complimentary copies of NCCAN publications are available as long as the supply lasts.

Illusion Theater
304 Washington Ave.
Minneapolis, MN 55401
(612) 339-4944

Illusion Theater is a professional theater which creates new works through the collaborative process for the American stage. Illusion Theater's Sexual Abuse Prevention Program (SAPP) provides performances, workshops, educational materials, and consultancy on sexual abuse prevention education. In addition, Illusion Theater serves as a national clearinghouse for information and referrals on prevention education. Theatrical presentations, Touch, No Easy Answers, and For Adults Only, are available to tour throughout the United States. A free brochure is available by writing or calling the Theater.

National Center on Child Abuse and Neglect (NCCAN)
P.O. Box 1182
Washington, DC 20013
(202) 245-2840

NCCAN serves as the focal point within the federal government for the development of plans, policies, and programs related to child abuse and neglect. A free catalogue of NCCAN publications is available upon request.

National Committee for the Prevention of Child Abuse (NCPCA)
332 S. Michigan Ave.
Suite 1250
Chicago, IL 60604
(312) 663-3520

A private, nonprofit organization dedicated to preventing the problem of child abuse and neglect by stimulating public awareness of community-based prevention programs. NCPCA has chapters throughout the country. Many of them have prevention programs operating in different parts of the state. A catalogue listing NCPCA chapters, and NCPCA publications is available free of charge.

National Center for Missing and Exploited Children
1835 K St., NW Suite 700
Washington, DC 20006
(202) 634-9821
Toll Free Hotline to be used only to provide information about a missing child.
(800) 843-5678

The Center is a nonprofit corporation chartered for the purpose of operating a national resource and technical assistance center to deal with child abduction, child sexual exploitation, child pornography, and child prostitution. Education, advocacy, prevention, and technical assistance in locating children are major activities.

National Center for the Prevention and Control of Rape
National Institute of Mental Health
U.S. Department of Health and Human Services
Room 15-99 Parklawn Bldg.
5600 Fishers Lane
Rockville, MD 20857
(301) 443-1910

The Center conducts research on the causes of rape and sexual assault; the mental health consequences of rape; the treatment of child and adult victims as well as offenders; and the effectiveness of programs aimed at dealing with the problem. Research results and publications are disseminated.

National Exchange Club Foundation for the Prevention of Child Abuse
3050 Central Ave.
Toledo, OH 43606
(419) 535-3232

A nonprofit national organization, the Foundation provides programs aimed at preventing child abuse, offers technical assistance in program development, and works to educate the public on child maltreatment.

National Victims Resource Center
Office of Justice Assistance, Research, and Statistics
Washington, DC 20531
(202) 724-6134

The Center maintains a national data base containing descriptions of all types of victim assistance programs throughout the country as well as a legislative data base which tracks pending and enacted legislation on victim assistance and compensation programs. You can receive descriptions of victim assistance programs, names and addresses of people to contact for more information, bibliographies, and data base searches, as well as audiovisual materials. A directory of programs is being prepared and will probably be available late in 1985.

Families

American Family Society (AFS)
Box 9873
Washington, DC 20015
(301) 460-4455

AFS is an independent, nonprofit organization designed to help improve the quality of family life. AFS helps parents by providing ideas that support family unity. The organization publishes the Family Time Calendar, which gives many ideas on family activities, and "Family Matters," a monthly newsletter.

Family Resource Coalition
230 North Michigan Ave.
Suite 1625
Chicago, IL 60601
(312) 726-4750

A grass roots network of community-based family support programs in North America. Prevention-oriented, the Coalition maintains an information clearinghouse; operates a national referral service for families; publishes materials, resource guides, and newsletters; sponsors conferences and workshops; and provides technical assistance for those interested in starting new programs.

Family Service America (FSA)
44 E. 23rd Street
New York, NY 10010
(212) 674-6100

FSA is a membership organization of agencies that deal with family problems, serving more than a thousand communities throughout the U.S. and Canada. FSA sponsors conferences, offers technical assistance, and provides library searches to FSA member agencies to help them improve the quality of the services they offer. Member agencies serve families and individuals through counseling, advocacy, and family life education. Agencies also deal with problems of aging, unemployment, family violence, drug and alcohol abuse, and adolescent single parents.

Fatherhood Project (FP)
Bank Street College of Education
610 W. 112th St.
New York, NY 10025
(212) 663-7200

The Fatherhood Project encourages the participation of males in childrearing through research, demonstration, and dissemination of materials. FP operates a national clearinghouse on fatherhood, including information about programs and resources in the areas of employment, law, education, health, adolescent fathers, and social services. Referrals to programs that deal with the father's role in parenting are available upon request.

National Clearinghouse on Family Violence Health and Welfare
Ninth Floor
Brooke, Claxton Blvd.
Tunney's Pasture
Ottawa, ONT K1A 1B5, CANADA
(613) 990-9574

The Canadian National Clearinghouse gathers and provides information on child abuse, incest, elder abuse, and wife battering. An annual catalogue describing programs and publications is available free of charge.

National Resource Center on Family-Based Services
School of Social Work
University of Iowa
N-118 Oakdale Hall
Oakdale, IA 52242
(319) 353-5076

The Center's activities include technical assistance and training, information dissemination, research on policy and practice, the publication of program directories and a newsletter, "Prevention Report," designed to help child welfare agencies plan and implement cost-efficient, services-effective, family-basedprograms to prevent unnecessary out-of-home placements and to reunify families.

Stepfamily Association of America (SAA)
28 Allegheny Ave, Suite 1307
Baltimore, MD 21204
(301) 823-7570

SAA provides its members with information, education, and support for stepfamilies. Members receive a quarterly bulletin, assorted information including book lists and guidelines for stepparenting, and publishes lists of articles and research dealing with the stepfamily. Some areas have local chapters that sponsor monthly meetings. For further information or to locate an SAA chapter, call the office in Baltimore, or send a self-addressed, stamped envelope.

Migrant Families

The ESCAPE Project
Family Life Development Center
G-21 MVR Hall
Cornell University
Ithaca, NY 14853
(607) 256-7794

A national project addressing the problem of migrant child maltreatment through research, training, information dissemination, and technical assistance. For information about publications and project activities contact ESCAPE.

Minnesota Migrant Council
P.O. Box 1231
Saint Cloud, MN 56302
(612) 253-7010

The Council serves battered women, sexual assault victims, and their families. They are currently working with Minnesota Migrant Education on providing a child safety program on sexual abuse prevention to migrant children. The Migrant Council provided the curriculum and continues to train migrant educators in learning how to implement the curriculum in the classroom.

National Child Labor Committee
1501 Broadway, Room 1111
New York, NY 10036
(212) 840-1801

Advocates job and educational opportunities for unemployed youth and migrant children. Conducts training to inform migrant parents of their rights.

Texas Migrant Council, Inc.
S16 Cherry Hill Dr.
Laredo, TX 78041
(512) 722-5174

The Council provides training, produces curriculums, and sponsers conferences focused on child abuse and neglect among Mexican-American migrants.

Minority Families

American Association of Indian Affairs, Inc.
432 Park Ave. S.
New York, NY 10016
(212) 689-8720

The Association does legislative advocacy on Indian child welfare issues.

Center for the Improvement of Child Caring
11331 Ventura Blvd., Suite 103
Studio City, CA 91604
(818) 980-0903

A private, nonprofit research, training, and community service organization devoted to assisting parents and care givers with education, training and support. Special attention is given to making parent programs sensitive to the unique characteristics of different populations. Parent training materials for Black and Hispanic families are available.

Coalition of Hispanic Mental Health and Human Services Organizations (COSSMHO)
1030 15th St., NW
Suite 1053
Washington, DC 20005
(202) 371-2100

COSSMHO is a national Hispanic service organizaton spanning major U.S. Hispanic populations. Its aim is to bring community-based agency and professional expertise to bear on critical concerns in health, mental health, substance abuse, and human and health services. Current projects are focused on abused and neglected Hispanic youth and parent education.

Mexican American Legal Defense and Education Fund (MALDEF)
28 Geary
San Francisco, CA 94108
(415) 981-5800

MALDEF counsels individuals and groups concerning their legal rights, sponsors a Community Education and Activation Program, a Policy Studies and Research Division, and has initiated a Law School Scholarship Program to assist promising and committed students to enter the legal profession.

Mexican American Women's National Association (MANA)
1201 16th St., NW
Suite 420
Washington, DC 20036
(202) 223-3440

MANA was founded to promote leadership among Chicanas in their professional, familial, and community roles; to improve communication among Chicanas nationwide; to further parity between Mexican American men and women as they work for equality; and to create a national awareness of the presence and concerns of Chicanas.

National Association of Black Social Workers (NABSW)
271 W. 125th St.
New York, NY 10027
(212) 749-0470

NABSW addresses itself to social welfare issues affecting Black people and works to bring services to the Black community. State chapters of NABSW often provide direct services in such areas as adoption, teen parenting, and child abuse. Check with your state chapter for information on programs.

National Black Child Development Institute, Inc.
1463 Rhode Island Ave., NW
Washington, DC 20005
(202) 387-1281

Advocacy organization promoting the education, public welfare, and social well-being of Black children and their families.

National Indian Social Workers Association (NISWA)
Ethel Krepps, President
1740 West 41st St.
Tulsa, OK 74107
(918) 446-8432

This professional organization is primarily focused on Indian child welfare issues. For information concerning Indian child welfare and activities in states throughout the country contact Ethel Krepps, President, NISWA.

Puerto Rican Association for Community Affairs (PRACA)
853 Broadway
New York, NY 10003
(212) 673-7320

PRACA provides information and referrals to professionals working with Spanish populations, and direct services to Spanish families in the areas of housing, adoption, and foster care.

The Puerto Rican Congress of New Jersey
222 W. State St.
Trenton, NJ 08608
(609) 989-8888

One of the activities of the Congress is to provide technical assistance to Hispanic groups in New Jersey on developing child abuse prevention programs. Parent education materials for Hispanic parents and some child abuse and neglect materials are available.

The Puerto Rican Family Institute, Inc.
116 West 14th St.
New York, NY 10011
(212) 924-6320

A nonprofit organization which serves Puerto Ricans and other Hispanics on the East Coast, the Institute focuses its services on the entire family in an effort to strengthen and keep it intact.

Parenting Education

American Guidance Service (AGS)
Publisher's Building
Circle Pines, MN 55014
(800) 328-2560 (toll-free outside of Minnesota)
(612) 786-4343 (inside Minnesota)

AGS produces classroom materials for the program Systematic Training for Effective Parenting (STEP). STEP materials include books for both parents and volunteer leaders as well as a newsletter; and the STEP/Teen, a program for parents of adolescents. STEP is available in both English and Spanish. AGS also publishes the Bookfinder, an annotated bibliography of books for use with children.

Effectiveness Training, Inc.
531 Stevens Ave.
Solana Beach, CA 92075
(619) 481-8121

Based on the parent effectiveness training (P.E.T.) method developed by Thomas Gordon, the organization trains interested individuals to conduct parenting classes. Write for a free listing of class locations and training areas in each state.

Family Communications, Inc.
4802 Fifth Ave.
Pittsburgh, PA 15213
(412) 687-2990

Produces materials to facilitate communications between parents and children. The booklet series Let's Talk About It, featuring children's television star, Mr. Rogers, discusses subjects such as moving, going to school, discipline, separation, divorce, and death. For a free booklet, indicate your choice of subject matter and send a self-addressed, stamped, business size envelope.

The Family Life Education Publishing Cooperative Network Publications
ETR Associates
1700 Mission St., Suite 203
P.O. Box 8506
Santa Cruz, CA 95061-8506
(408) 429-9822

This publishing cooperative is a project of Network Publications, the publishing arm of ETR Associates, a private, nonprofit organization committed to providing information, resources and training to enhance the quality of family life and family health through education. The Publishing Cooperative works with other small agencies and nonprofit groups to publish family life education materials which reflect a practical approach to education. A free catalogue of materials is available by calling or writing.

The Family Matters Project
Dept. of Human Development and Family Studies
MVR Hall
Cornell University
Ithaca, NY 14853-4401
(607) 256-7620

The Family Matters Project has developed and field-tested three workshop series for parents and people who work with families "Cooperative Communication between Home and School," "The Employed Parent," and "Empowering Families: Home Visiting and Building Clusters." All workshops are based upon the empowerment approach to building upon families' strengths and include a detailed, adaptable facilitator's manual and the handbook, Communication for Empowerment. A film entitled "Family Matters" can be used with the workshops or separately and is a documentary which focuses on two low income families and the stresses and supports which they experience coming from the workplace, neighborhood, family and friends, and schools.
To order any of these materials contact:
Cornell Distribution Center
7 Research Park
Ithaca, NY 14850

MELD
123 East Grant St.
Minneapolis, MN 55403
(612) 870-4478

MELD is an organization focused on strengthening families through information and support. A variety of parent education programs has been developed and implemented at sites around the country. Programs include: MELD for New Parents; MELD for Young Moms; and MELD for Parents with Growing Children (preschool through adolescence). MELD also has informational materials for purchase. Current adaptations of the MELD programs are being developed for use with Hispanic families and will be available in 1986. Este Libro es Para Ti–a book on infant health, nutrition, and development is available now. Write for a publications list.

National Institute of Mental Health (NIMH)
Public Inquiry Section
5600 Fishers Lane
Rockville, MD 20857
(301) 443-4513

NIMH produces many publications focused on parenting and a free catalogue can be obtained by calling or writing. The "Plain Talk" Series is of particular interest–it includes brief discussions of practical childrearing issues such as "Plain Talk About When Your Child Starts School" and "Plain Talk About Dealing with the Angry Child." Some publications are available in Spanish.

Parenting Press, Inc.
Suite 404A
7750 31st Ave., NE
Seattle, WA 98115
(206) 527-2900

Publishes a wide variety of books for parents and children, and people who work with them. Sexual abuse prevention materials with a resource guide for parents is of particular interest.

The Handicapped

Closer Look
1201 16th St., NW
Washington, DC 20036
(202) 822-7900
(800) 522-3458 LD TEENLINE
(800) 822-7900 in the DC area

A national information center for parents, professionals, students, and adults seeking assistance in dealing with the problems and needs of the learning disabled. A list of publications and a fact sheet describing Closer Look are available free upon request. The toll-free TEENLINE provides free information and referral on issues related to learning disabilities.

National Information Center for Handicapped Children and Youth (NICHCY)
P.O. Box 1492
Washington, DC 20013
(703) 522-3332

NICHCY is a free information service that helps parents, educators, care-givers, advocates and others to improve the lives of children and youth with handicaps. Besides answering questions, the Center develops and shares new information through fact sheets and a newsletter, provides advice to people working in groups, and connects people across the country who are solving similar problems.

Legal Information and Assistance

International Association of Chiefs of Police (IACP)
13 Firstfield Rd.
Gaithersburg, MD 20878
(301) 948-0922

The IACP provides training programs on investigating child abuse, sexual exploitation, and missing children at locations throughout the country. Designed for enhancing the skills of youth officers, criminal investigators, government social workers, special investigators, and others who are entrusted with cases of missing, abused, or exploited chidren, this program is aimed at improving law enforcement agencies' handling of these cases.

Juvenile Justice Clearinghouse
National Criminal Justice Reference Center
1600 Research Blvd.
Rockville, MD 20850
(315) 251-5500 (Reference Center)
(800) 638-8736 (Clearinghouse) (toll-free)

Disseminates publications, computerized literature searches, and bibliographies to researchers and practitioners.

Migrant Legal Action Program
2001 S St., NW
Suite 310
Washington, DC 20009
(202) 462-7744

This is a national legal services support center which provides advice, training, and other assistance to legal services field offices which directly service migrant farmworkers. For information about legal services for migrants in your area contact Roger Rosenthal at the above number.

National Association of Counsel to Children (NACC)
1205 Oneida St.
Denver, CO 80220
(303) 321-3963

The Association provides training and education for attorneys representing children and child advocates. Information-sharing and producing publications on children's law are also part of the Association's activities.

National Legal Resource Center for Child Advocacy and Protection
American Bar Association (ABA)
1800 M St., NW
2nd Floor, South Lobby
Washington, DC 20036
(202) 331-2250

Part of the ABA Public Service Activities Division, the Resource Center provides consultation, technical assistance, and training for professionals in using the legal system to protect children, and publishes a variety of materials on legal issues affecting children. A list describing ABA publications is available free upon request.

National Center for Youth Law
1663 Mission St., 5th floor
San Francisco, CA 94103
(415) 543-3307

Provides information on child abuse and neglect and other juvenile justice issues to parents and attorneys. Currently the Center is preparing manuals on child abuse for attorneys who represent parents and those who represent children. The Center is funded by the Legal Services Corporation.

National Juvenile Law Center
3701 Lindell Blvd.
P.O. Box 14200
St. Louis, MO 63178
(314) 652-5555

The Center is a nonprofit public interest law firm specializing in juvenile law. Center staff provides information to attorneys, parents, and children on legal issues relating to child abuse and neglect as well as all juvenile justice topics, particularly delinquency and deinstitutionalization. The Center also does legislative advocacy.

Youth Law Center
1663 Mission St., Suite 500
San Francisco, CA 94103
(415) 543-3379

The Center is a private, nonprofit public interest law office dedicated to the rights of minors nationwide. Legal education, advice, counsel, representation, and technical assistance are the major activities in the areas of institutionalization of children, foster care, permanency planning, education, and health.

United States Government

The following House and Senate Committees are involved in evaluating current programs and services for children and families: assessing needs, and developing proposals for improvement in the areas of child abuse prevention and treatment, family planning services, education, and government policies affecting families.

If you are interested in the status of certain legislation, or if you have suggestions or comments which you wish to bring to the attention of the committees, you may write or call:

U.S. House of Representatives Subcommittee on Select Education
A617 HOB Annex I
Washington, DC 20515
(202) 226-7532

U.S. Senate Select Committee on Children, Youth, and Families
H2-385 HOB Annex II
Washington, DC 20515
(202) 226-7660

U.S. Senate Subcommittee on Family and Human Services
A624 Immigration Building
14 D Street, NW
Washington, DC 20510
(202) 224-3491

For Professionals

Especially For Educators

American Federation of Teachers
555 New Jersey Ave., NW
Washington, DC 20001
(202) 879-4400

AFT, a national teachers' union, has recently passed a resolution regarding child abuse and neglect and the role of educators in dealing with the problem. In addition, AFT's television program "Inside Your School" was recently focused on innovative school programs to protect children and is available on a videotape entitled "Protecting Our Children."

Educational Resources Information Center (ERIC)
National Institute of Education (NIE)
U.S. Department of Education
Washington, DC 20208
(202) 254-7934

ERIC is a nationwide information network for acquiring, selecting, abstracting, indexing, storing, retrieving, and disseminating significant and timely education related reports. It consists of a coordinating staff in Washington, DC and 16 clearinghouses located at universitities or with professional organizations across the country. These clearinghouses, each responsible for a particular educational area, are an integral part of the ERIC system.

ERIC Clearinghouses

Adult, Career, and Vocational Education (CE):
Ohio State University
National Center for Research in Vocational Education
1960 Kenny Rd.
Columbus, OH 43210
Telephone: (614) 486-3655

Counseling and Personnel Services (CG):
University of Michigan
School of Education Building, Room 2108
East University & South University Sts.
Ann Arbor, MI 48109
Telephone: (313) 764-9492

Educational Management (EA):
University of Oregon
1787 Agate St.
Eugene, OR 97403
Telephone: (503) 686-5043

Elementary and Early Childhood Education (PS):
Univeristy of Illinois
College of Education
805 West Pennsylvania Ave.
Urbana, IL 61801
Telephone: (217) 333-1386

Handicapped and Gifted Children (EC):
Council for Exceptional Children
1920 Association Dr.
Reston, VA 22091
Telephone: (703) 620-3660

Higher Education (HE):
George Washington University
One Dupont Circle, NW
Suite 630
Washington, DC 20036
Telephone: (202) 296-2597

Elementary and Early Childhood Education (PS):
Univeristy of Illinois
College of Education
805 West Pennsylvania Ave.
Urbana, IL 61801
Telephone: (217) 333-1386

Handicapped and Gifted Children (EC):
Council for Exceptional Children
1920 Association Dr.
Reston, VA 22091
Telephone: (703) 620-3660

Higher Education (HE):
George Washington University
One Dupont Circle, NW
Suite 630
Washington, DC 20036
Telephone: (202) 296-2597

Information Resources (IR):
Syracuse University
School of Education
Huntington Hall, Room 030
Syracuse, NY 13210
Telephone: (315) 423-3640

Junior Colleges (JC):
University of California at Los Angeles
Mathematical Sciences Building, Room 8118
405 Hilgard Ave.
Los Angeles, CA 90024
Telephone: (213) 825-3931

Languages and Linguistics (FL):
Center for Applied Linguistics
3520 Prospect St., NW
Washington, DC 20007
Telephone: (202) 298-9292

Reading and Communication Skills (CS):
National Council of Teachers of English
1111 Kenyon Rd.
Urbana, IL 61801
Telephone: (217) 328-3870

Rural Education and Small Schools (RC):
New Mexico State University
Box 3 AP
Las Cruces, NM 88003
Telephone: (505) 646-2623

Science, Mathematics, and Environmental Education (SE):
Ohio State University
1200 Chambers Rd., Third Floor
Columbus, OH 43212
Telephone: (614) 422-6717

Social Studies/Social Science Education (SO):
Social Science Education Consortium, Inc.
855 Broadway
Boulder, CO 80302
Telephone: (303) 492-8434

Teacher Education (SP):
American Association of Colleges for Teacher Education
One Dupont Circle, NW
Suite 610
Washington, DC 20036
Telephone: (202) 293-2450

Tests, Measurement, and Evaluation (TM):
Educational Testing Service
Princeton, NJ 08541
Telephone: (609) 734-5176

Urban Education (UD):
Columbia University
Teachers College
Box 40
525 West 120th St.
New York, NY 10027
Telephone: (212) 678-3437

Education Development Center (EDC)

School and Society Programs
55 Chapel St.
Newton, MA 02160
(617) 969-7100

The EDC is a publicly supported, nonprofit corporation engaged in educational research and development. EDC offers a variety of training materials including the Exploring Childhood program, and publishes two newsletters, "Education for Parenthood Exchange," and "EDC News," which highlight new developments, resources, and demonstration projects in the areas of health and education. Write for a free catalogue: EDC Distribution Center, 39 Chapel St., Newton, MA 12160.

The Home and School Institute, Inc.
Special Projects Office
1201 16th St., NW
Washington, DC 20036
(202) 466-3633

The Institute has developed several self-help demonstration projects around building a comprehensive understanding of the factors affecting student achievement and family life, and offers training programs for schools, social service and health agency professionals, parents, and the community.

Institute for Responsive Education (IRE)
605 Commonwealth Ave.
Boston, MA 12215
(617) 353-3309

IRE does research, advocacy, and information dissemination on citizen and parent participation in schools as well as providing training and technical assistance to local and state advocacy groups, schools, and agencies. Of special interest is their expertise in facilitating parent involvement in education. Publications on parent involvement are available.

Ithaca City School District
Dr. Thomas A. Roy
P.O. Box 549
Ithaca, NY 14850

The Ithaca School District has implemented a personal safety curriculum for grades kindergarten-seven which teaches children how to avoid sexual abuse. Available at no charge is an outline of the curriculum as well as a detailed description of how the program came into being through a coordination of school and community groups.

National Association for the Education of Young Children (NAEYC)
1834 Connecticut Ave., NW
Washington, DC 20007
(202) 232-8777

NAEYC is a professional organization for early childhood educators designed to improve the quality of services to children from birth to age eight. A variety of publications on child development, child rearing, and child care is available as well as the journal, Young Children.

National Education Association (NEA)
Professional Library
P.O. Box 509
West Haven, CT 06516
(203) 934-2669

NEA has developed an inservice training program for educators including a handbook, a filmstrip series, and an audiocassette series. Legal responsibilities, dealing with the abused child and family, recognizing the signs of maltreatment, are some of the issues covered in this program.

Parents and School Partnerships for the Prevention of Child Abuse and Neglect
Rosaleen Mazur, Director
Family Life Development Center
Cornell University
New York, NY 10010-1565
(212) 340-2980

This program aims to make schools a resource in preventing child abuse and neglect by encouraging parents to seek help before they abuse; developing services that involve parents in prevention efforts; and educating abused and at-risk youngsters on becoming healthy and caring persons. Pilot versions of the programs are currently being conducted and a training and operations resource package will be available late in 1985. The pilot programs are being conducted in some schools with largely Black and Hispanic students so that the materials will be suitable for use with these populations.

School Age Child Care Project
Wellesley College
Center for Research on Women
Wellesley, MA 02181
(617) 431-1453, ext. 2546

The project offers resources for the development of "after-school" programs for youth, offering not only supervision but also meaningful activities and opportunities for learning life skills. Innovative suggestions for youth participation in child care programs are available.

Other Professionals

American Child Care Services (ACCS)
P.O. Box 548
532 Settlers Landing Rd.
Hampton, VA 23660
(804) 722-4495

ACCS is a small, privately endowed, nonprofit foundation engaged primarily in the field of children's welfare and educational activities pertaining to this work. It operates a child care personnel clearinghouse designed to facilitate contact between children's institutions seeking to employ experienced personnel and individuals seeking employment in the field of child care. This is a national service provided to employers free of charge. In addition, ACCS operates the Child Care Information Center which tapes conferences in the fields of child care, early childhood education, and child development and then makes the audiocassettes available on a low cost nonprofit basis. These tapes are widely used for inservice training or personal professional development.

American Public Welfare Association
1125 15th St., NW, Suite 300
Washington, DC 20036
(202) 293-7550

An organization committed to shaping national social policy on child welfare and aiding in the professional development of public welfare workers.

Child Welfare League of America (CWLA)
67 Irving Place
New York, NY 10003
(212) 254-7410

A voluntary organization including both public and private agencies devoted to improving services for children and their families throughout the U.S. and Canada. The League issues a newsletter and a journal, conducts research, develops standards, provides consultation, and maintains a reference library and information service. A catalogue of publications and audiovisual materials is available free upon request.

Contact Center, Inc.
P.O. Box 81826
Lincoln, NE 68501-1826
(402) 464-0602

An international, nonprofit organization which links people and resources together in every human service area. The Center produces publications, as well as maintaining three information clearinghouses in the areas of criminal justice, youth, and literacy.

National Association of Social Workers (NASW)
7981 Eastern Ave.
Silver Spring, MD 20910
(301) 565-0333

NASW provides services for professional social workers as well as advocating on behalf of legislation which benefits the consumers of social work services. Publications on a variety of social work related topics are produced and a free catalogue is available.

National Center for Clinical Infant Programs (NCCIP)
733 15th Street, NW, Suite 912
Washington, DC 20005
(202) 347-0308

NCCIP is a nonprofit corporation established by representatives from mental health, pediatrics, child development and related fields to improve and support professional initiatives in infant health, mental health, and development. A newsletter "Zero to Three" published five times per year is available by subscription.

National Child Protective Workers Association
P.O. Box 2414
Chapel Hill, NC 27515-2414
(919) 929-6223

This organization promotes the needs of child protective workers and provides a forum for the exchange of information and ideas from CPS workers around the country. A newsletter and action alerts are distributed to inform CPS workers about programs, ideas, and problems affecting their work.

National Child Welfare Leadership Center
University of North Carolina
P.O. Box 3100
Chapel Hill, NC 27515-3100
(919) 966-2646

Part of the School of Social Work, the Center provides programs and information for child welfare administrators. Programs for minorities are also offered throughout the nation. Write or call for a free program brochure and a description of the Center.

Youth Practitioner's Network (YPN)
The Center for Human Resources
The Heller Graduate School
Brandeis University
Waltham, MA 02254
(800) 343-4705 (toll-free)

An informal volunteer association of individuals who work with employment and educational programs for youth activities. The Network's focus is on reviewing national policy options and conducting program assistance visits and staff development workshops for youth programs. Currently, YPN is developing competency-based youth programs.

Self-Help Groups

Formerly Abused Children Emerging in Society (FACES)
Manchester Memorial Hospital
Child Life Department
71 Haynes St.
Manchester, CT 06040
(203) 646-1222, Ext. 2417

FACES is a self-help group for young adults, usually between the ages of 18 and 35, who were abused as children and who are experiencing difficulty in coping as a result of their abuse. Members meet weekly to discuss how their past relates to current life problems, learn new ways to resolve conflicts, and improve communication. A free information packet on starting a FACES program is available. Ann Bonney is the FACES director.

Incest Survivor's Resource Network, International
Friends Meeting House
15 Rutherford Pl.
New York, NY 10003
(516) 935-3031

A New York City-based survivor-initiated organization whose aims include providing assistance for establishing peer support groups, conducting training workshops for services agency personnel, and creating public awareness of the issues of sexual abuse and incest. Write or call the Resource Network for the location of a self-help group in your area.

Institute for the Community as Extended Family (ICEF)
P.O. Box 952
San Jose, CA 95108
(408) 280-5055

The Institute's Child Sexual Abuse Treatment/Training Programs (CSATP) provide indepth professional and self-help treatment to sexually abused children and their families, and conduct training workshops for professionals who serve victims and their families, in conjunction with: Parents United (PU), Adults Molested as Children (AMACU), and Daughters and Sons United (DSU)–self-help groups for parents, children, and other adults affected by child sexual abuse. To find a local self-help group, contact the office in San Jose.

National Self-Help Clearinghouse
CUNY Graduate Center, 1222
33 W. 42nd St.
New York, NY 10036
(212) 840-1259

Information and referral service for self-help support groups nationally. A free catalogue listing of 28 regional self-help clearinghouses is available by writing or calling the National Clearinghouse.

Parents Anonymous
22330 Hawthorne Blvd.
Suite 208
Torrance, CA 90505
(213) 371-3501
(800) 421-0353 (toll-free)
(800) 352-0386 (California Only)

An international self-help parents' organization utilizing group therapy and positive parenting methods to help abusive parents change their behavior. There are local chapters in many communities throughout the United States.

VOICES, Inc. (Victims of Incest Can Emerge Survivors, Inc.)
P.O. 148309
Chicago, IL 60614

One of several self-help groups for incest survivors now emerging across the nation, VOICES, Inc. publishes a bimonthly newsletter available by subscription. Write to the above address for more information and to locate a self-help group near you.

Substance Abuse

National Association for Children of Alcoholics (NACOA)
31706 Coast Highway
South Laguna, CA 92677
(714) 499-3889

This nonprofit organization has as its mission to serve the children of alcoholics and those in a position to help them. Advocacy, education, and information dissemination are primary activities and a clearinghouse will be initiated in September of 1985. NACOA produces a newsletter as well as other publications.

National Clearinghouse on Alcohol Information
c/o Informatics
1776 E. Jefferson St., P.O. Box 2345
Rockville, MD 20852
(301) 468-2600

Booklets, bibliographies, and computerized literature searches on latest research are available free of charge.

National Clearinghouse on Drug Abuse Information (NCDAI)
P.O. Box 416
Kensington, MD 20795
(301) 443-6500

NCDAI is the focal point within the federal Government for the collection, dissemination, and exchange of drug abuse information. The Clearinghouse develops resource materials as well as answering information requests. Directories of treatment and prevention programs as well as publications are available in Spanish. To obtain a free Publications Listing and single copies of items in the inventory write to NCDAI, Dept. ML, Room 10A-43, Parklawn Bldg. 5600 Fishers Lane, Rockville, MD 20857

Thomas W. Perrin, Inc.
P.O. Box 348
Rutherford, NJ 07070
(201) 460-7912

A private corporation which provides free information concerning the children of alcoholics and referral to self-help organizations as well as doing consulting and research. A number of publications as well as "COA Review: The Newsletter About Children of Alcoholics" are published by this organization–of particular interest is a book on alcoholism and child abuse due out in late 1985.

Youth

Boys Town Center for the Study of Youth Development
Boys Town, NE 68010
(402) 498-1570

The Center develops, publishes, and disseminates research, information materials, and programs for professionals working with abused adolescents and their families, and has developed several youth self-help materials including a guide to creating and maintaining a youth self-help group.

Center for Early Adolescence
University of North Carolina at Chapel Hill
Suite 223, Carr Mill Mall
Carrboro, NC 27510
(919) 966-1148

Part of the University of North Carolina's School of Public Health, the Center's activities include advocacy, training, information services, and resource publications. A catalogue of materials and services is available. Of special interest are two parent education programs aimed at parents of young adolescents for use with Hispanic Families.

National Network of Runaway and Youth Services
905 6th St., SW
Suite 411
Washington, DC 20024
(202) 488-0739

A nonprofit organization of more than 500 community-based agencies serving runaway, homeless and other troubled youth and their families. Activities include counseling for youths and families, foster home recruitment, shelters for runaways, public education, advocacy, training, and research.

National Runaway Switchboard
(800) 621-4000 toll-free crisis hotline

The National Runaway Switchboard is a national hotline designed to help children who have run away from home and to help their parents. The switchboard delivers messages from children to their parents, refers children to resources such as shelters, offers counseling to children and parents, and provides substance abuse programs to youth in need of help. The switchboard has more than 7,000 resources across the country.

Runaway Hotline
(800) 231-6946 (toll-free outside of Texas)
(800) 392-3352 (toll-free inside Texas)

This national hotline based in Texas is operated by volunteers. It provides a message relay between parents and teens as well as up-to-date information about services and shelters for runaways thoughout the country.

Youth Policy Institute (YPI)
Cardinal Station
Washington, DC 20064
(202) 635-6087

YPI is a private, nonprofit organization dedicated to youth and serves as a clearinghouse for information on youth policy and issues. In addition, YPI offers youth from a variety of backgrounds the opportunity of working at the Institute. YPI publishes Youth Policy, a magazine which reports on all aspects of policies which affect youth. Bilingual and compensatory education and migrant services are some of the issues discussed. YPI also produces American Family and the Student Press Service.

Community Resources

Listed in this section are national service organizations with numerous local community chapters. In many cases, local chapters sponsor direct service programs for children and families right in your own community.

Association of Junior Leagues
825 Third Ave.
New York, NY 10022
(212) 355-4380

At the national level the Association is involved in legislative advocacy for maltreated children. Advocacy as well as direct service programs for children and parents are sponsored by local leagues throughout the nation. The Junior League can also provide assistance in program development and operation as well as in training and utilizing volunteers. Contact the regional coordinator in your area for more information about local programs.

Area I
Sandra T. Horsman (Manager)
The Association of Junior Leagues, Inc.
825 Third Ave.
New York, NY 10022
(212) 355-4380

Area II
Margo H. Bradford (Manager)
The Association of Junior Leagues, Inc.
3039 M Street, NW Suite 4B
Washington, DC 20007
(202) 333-5690

Area III
Susan P. Morgan (Manager)
The Association of Junior Leagues, Inc.
3379 Peachtree Rd., NE Suite 530
Atlanta, GA 30326
(404) 233-3091

Area IV
Mary B. Lubertozzi (Manager)
The Association of Junior Leagues, Inc.
53 W. Jackson, Room 835
Chicago, IL 60604
(312) 663-5536

Area V
Mary S. Morris (Manager)
The Association of Junior Leagues, Inc.
8003 Inwood Rd., Suite 201
Dallas, TX 75209
(214) 350-6986

Area VI
Barbara A. Hauser (Manager)
The Association of Junior Leagues, Inc.
2530 California St.
San Francisco, CA 94115
(415) 921-7502

Big Brothers/Big Sisters of America
117 S. 17th St., Suite 1200
Philadelphia, PA 19103
(215) 567-2748

Under the direction of professionally trained staff, volunteers work with children on a one-to-one basis in an effort to provide support, attention, and friendship to the child, and occasional respite from parenting responsibilities to single parent families and families under stress. Most communities have a local Big Brothers/Big Sisters Program. Check with your information and referral service, or write the national organization for the location of the program nearest to you.

Cooperative Extension

Located in every state is a land-grant university whose mission includes serving families through Cooperative Extension. Cooperative Extension provides information regarding a large number of topics including child development, child care, and parenting and prepares numerous publications available free of charge or for a nominal price. In addition, county extension associations provide information and assistance on a local level. For more information about activities in your state contact the Assistant Director/State Leader of Home Economics at the state land grant university or the county cooperative extension association which is listed in your phone book under Cooperative Extension.

Salvation Army

The Salvation Army offers such services as temporary foster home care for children, prenatal and postnatal counseling, care and guidance for unwed and expectant mothers, and counseling for unmarried fathers. Call your local office, listed in the telephone book, or contact one of the following territorial offices:

Eastern Territory
120 W. 14th Street
New York, NY 10011
(212) 620-4900

Western Territory
30840 Hawthorne Blvd.
Rancho Palos Verdes, CA 90274
(213) 541-4721

BEST COPY AVAILABLE

Southern Territory
1424 N.E. Expressway
Atlanta, GA 30329
(404)321-7870

Central Territory
860 N. Dearborn Street
Chicago, IL 60610
(312)440-4600

YMCA
135 W. 50th St.
New York, NY 10020
(212) 621-5115

The YMCA is currently drafting national standards related to child abuse reporting procedures for staff and volunteers; staffing procedures and codes of conduct; as well as a resource listing for parents and children to aid in the prevention of child maltreatment. Check with your local "Y" regarding workshops, counseling, and available written and audiovisual resources which are loaned to community members.

YWCA
National Board
600 Lexington Ave.
New York, NY 10022
(212) 614-2700

Spouse abuse and child care are two of the YWCA's national priority issues. Approximately 250 programs for battered women exist in communities throughout the nation–many include a component for abused children. There are also numerous child care programs and parent education programs focused on raising children in a non-violent way. For more information about programs near you contact the local YWCA.

Resource Materials

Audiovisual Distributors

National Audiovisual Center
National Archives and Record Services
General Services Administration
Information Service Section
Washington, DC 20409
(301) 763-1896

The Center has a large collection of materials on many different subject areas. A free catalogue and supplement is available. Be sure to include the topic you are interested in (such as child abuse) when writing for these materials since listings are organized by subject areas.

Agency for Instructional Technology
Box A
Bloomington, IN 47402
(800) 457-4509

The agency is a nonprofit organization established to strengthen education through technology. One of their offerings is "Child Sexual Abuse-An Ounce of Prevention," which is an instructional video series of four 20-minute programs for children and adults. The programs can be leased or purchased for broadcast by schools, public television stations, and other education agencies.

The following companies have produced films or slide presentations specifically dealing with child maltreatment. Most will send you a free catalogue of productions upon request.

Alliance Program
1654 Onondaga St.
Syracuse, NY 13204
(315) 424-1880

Barr Films
P.O. Box 5667
Pasadena, CA 91107
(201) 793-6153

Bilingual Cine Television
2017 Mission St., 2nd Floor
San Francisco, CA 94110
ATTN: Ms. Flor Canizales

Boys Town Center for the Study of Youth Development
Communications Division
Boys Town, NE 68010
(402) 498-1595

Chronicle Broadcasting
1001 Van Ness Ave.
San Francisco, CA 94109
(415) 441-4444

Cornell Film Center
Cornell University
8 Research Park
Ithaca, NY 14850
(607) 256-2091

Coronet Films
65 E. Water St.
Chicago, IL 60601
(800) 621-7870

FilmFair Communications
10900 Ventura Blvd.
Studio City, CA 91604

FilmFair distributes "Better Safe Than Sorry," a popular film on sexual abuse prevention.

Guidance Associates, Inc.
Communications Park
Box 3000
Mt. Kisco, NY 10549
(914) 666-4100

Krause House
P.O. Box 880
Oregon City, OR 97045

Lawren Productions
P.O. Box 666
Mendiceno, CA 91107
(707) 937-0536

Migima Designs
P.O. Box 70064
Eugene, OR 07401

MTI Teleprograms, Inc.
3710 Commercial Ave.
Northbrook, IL 60062
(800) 323-5343 (toll-free)

Joseph J. Peters Institute
112 S. 16th St.
Philadelphia, PA 19102
(215) 568-6627

Phoenix/BFA Fims and Video
468 Park Ave., S
New York, NY 10038
(800) 221-1274

Youth & Shelter Services, Inc.
217 Eight St.
Ames, IA 50010
(515) 233-3141

Daniel Wilson Productions, Inc.
300 W. 55th St.
New York, NY 10019
(212) 765-7148

Chuck Wintner
Pacific Coast Hgwy.
Suite #59
Malibu, CA 90265
(213) 456-5186

Directories of Services and Information

Several organizations publish directories designed to assist the professional working with abused or neglected children and their families. These directories may take the form of a guide to existing organizations, or they may be more concentrated, containing information about programs and materials available in specific subject areas. In most cases, these directories will be available at nearby libraries.

Childhood Information Resources, 1985, $45.00 plus $2.45 for postage and handling.

Order from: Information Resources Press
1700 North Moore St.
Suite 700
Arlington, VA 22209
(703) 558-8270

This compendium describes and evaluates more than 1,100 sources of information on children and childhood including publications, organizations, and on-line data bases. Resources relating to medical, psychological, legal issues and other issues are provided.

Family Resource Coalition Program Directory, 1982, 28 pp., $5

Order from: Family Resource Coalition
230 N. Michigan Ave., Suite 1625
Chicago, IL 60601
(312) 726-4750

This directory contains a state by state listing of 270 family-oriented programs. In addition to providing the addresses and telephone numbers of the programs, the directory charts services offered including: advocacy, crisis intervention, counseling, referral, and hotline.

Programs to Strengthen Families: A Resource Guide by the Bush Center on Child Development and Social Policy at Yale University and the Family Resource Coalition, 1983, 200 pp., $8.

Order from: Family Resource Coalition
230 N. Michigan Ave., Suite 1625
Chicago, IL 60601
(312) 726-4750

This guide discusses economic and political trends that are forcing social service providers to develop creative ways in which to serve families. Over 70 programs with innovative approaches to providing services to families are examined. Types of programs discussed include: child abuse and neglect prevention, early childhood education, neighbor based self-help, and daycare.

National Directory of Children & Youth Services '83-'84, 570 pp., $45

Order from: CPR Directory Services Co.
1301 20th St., NW
Washington, DC 20036
(202) 785-4061

A reference handbook for professionals containing a comprehensive listing of children and youth organizations and services at the city, state, and federal levels, compiled by the editors of Child Protection Report.

National Directory of Children and Youth Services '86-'87 (Available in November 1985.)

Order from: Bookmakers Guild
1430 Florida Ave.
Suite 202
Longmont, CO 80501
(303) 772-7322

Where Do You Look? Whom Do You Ask? How Do You Know? Information Resources for Child Advocates, 128 pp. $5.50.

Order from: Children's Defense Fund
1520 New Hampshire Ave., NW
Washington, DC 20036

This is a guide to locating information about children and institutional policies which can be used to advocate for children.

1984/85 Public Welfare Directory Price and ordering information for the directory.

Order from: American Public Welfare Association
1125 15th St., NW
Washington, DC 20005
(202) 293-7550

Features information on which agency in each state is responsible for such areas as child welfare, child health, crippled children's services, alcohol and drug abuse programs, vocational rehabilitation, and the Older Americans Act. It also includes information on child support, adoptions, programs for mentally retarded children, Medicaid, correctional programs, and probation services.

Resource Directory for Migrant Educators on Preventing Child Abuse and Neglect, 34 pp.

Order from: Migrant Education Unit
Office of General Education
New York State Education Department
Albany, NY 12234
(518) 474-1231

Compiled by the ESCAPE Project staff at the Family Life Development Center, Cornell University, this directory was developed in conjunction with Preventing Child Abuse in the Harvest: A Handbook for Migrant Educators. It is a comprehensive and up-to-date guide to child abuse and neglect organizations and programs, sources of training materials, audiovisual aids, bibliographies, and directories at the national, state, and local levels.

News Services

The News Services listed below will keep the professional up-to-date on current events in Washington and across the nation in the area of child and family welfare. Again, these publications will usually be available at nearby libraries.

Child Protection Report

Published 26 times per year, this independent newsletter covering child/youth health and welfare services is available by subscription.

Order from: Child Protection Report
1301 20th St., NW
Washington, DC 20036
(202) 785-4055

Day Care & Child Development Reports

A bi-weekly newsletter designed to provide information about what's happening in child services in Washington and around the country.

Order from: Day Care & Child Development Reports
2626 Pennsylvania Ave., NW
Washington, DC 20037
(202) 333-5444

Computer Bibliographic Searches

Computer-generated bibliographies can be obtained through many university library data base services. Medline, ERIC, Social Science Citation Index, Psychological Abstracts, and Sociological Abstracts contain particularly valuable information.

The following organizations have established data bases specifically dealing with child maltreatment. Most are accessible via remote terminals in major library systems.

National Center on Child Abuse and Neglect (NCCAN) Literature Search

NCCAN has established a child abuse and neglect data base in the DIALOG computerized information system. This data base contains up-to-date information on documents, research projects, programs, audiovisual materials, and state statutes.

Annotated bibliographies on specific aspects of child abuse and neglect may also be obtained from the NCCAN-Clearinghouse, P.O. Box 1182, Washington, DC 20013; (301) 251-5157. Up to five titles will be provided free of charge.

National Child Welfare Training Center Information System

The Center provides on-line searches of its data base of child welfare training and educational resource materials. Entries refer to books, training manuals, articles in professional journals, bibliographies, and other printed materials. Searches cost $10, and requests must be made in writing. Contact: National Child Welfare Training Center, 1015 E. Huron Street, Ann Arbor, MI 48104; (313) 763-4260.

Data Archive on Adolescent Pregnancy and Pregnancy Prevention (DAAPPP)

Information about the archive holdings is available from DAAPPP, American Institutes for Research, P.O. Box 1113, Palo Alto, CA 94302; (415) 493-3550.

CIVITEX Data Base

A project of the Citizens Forum on Self-Government, the data base is a compendium of profiles of over 3,000 efforts at community problem-solving. The data base can be searched according to subject areas, methods and techniques employed to carry out projects, type of group sponsoring the project, and/or the kind of group benefiting. The service is currently free, but a sliding fee scale may be instituted soon. Contact: Citizens Forum on Self-Government, 55 West 4th Street, New York, NY 10036; (212) 730-7930 (in New York State), (800) 223-6004 (toll-free in other states).

Family Resources Data Base

This on-line data base contains references to journals, articles, books, audiovisual materials, and curricula in the interdisciplinary field of "family." The Human Resource Bank contains listings of professionals throughout the country. The Idea Bank is a "work-in-progress" file. The data base is available through the DIALOG information system in many libraries or the National Council on Family Relations, 1219 University Avenue, SE, Minneapolis, MN 55414; (612) 331-2774.

United States Government Publications

Every year the government publishes thousands of books on a wide variety of topics including children and education. To obtain the free catalogue which lists books from virtually every government agency write:

New Catalog
Superintendent of Documents
Washington, DC 20402

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